



CHALLAN
MTR Form Number-6



GRN	MH017166199202425U	BARCODE			Date	04/03/2025-15:22:42		Form ID								
Department					Maharashtra Administrative Tribunal						Payer Details					
Type of Payment					Original Application Fees Cash Receipt of Record Room in Office which are ch						TAX ID / TAN (If Any)					
											PAN No.(If Applicable)					
Office Name					INCHARGE REGISTRAR MAT MUMBAI						Full Name		SHRI. SHRIRAM SHIVAJI GURAV AND OTHERS			
Location					MUMBAI											
Year					2024-2025 One Time						Flat/Block No.					
Account Head Details					Amount In Rs.		Premises/Building									
0070033201					Miscellaneous Receipts		220.00		Road/Street							
									Area/Locality							
									Town/City/District							
									PIN							
									Remarks (If Any)							
									Adv. Punam Mahajan							
									Amount In		Two Hundred Twenty Rupees Only					
Total					220.00		Words									
Payment Details					STATE BANK OF INDIA						FOR USE IN RECEIVING BANK					
Cheque-DD Details					Bank CIN		Ref. No.		00040572025030460435		CPAEWNKWB9					
Cheque/DD No.					Bank Date		RBI Date		04/03/2025-15:24:23		Not Verified with RBI					
Name of Bank					Bank-Branch		STATE BANK OF INDIA									
Name of Branch					Scroll No. , Date		Not Verified with Scroll									

Department ID : Mobile No. : 9579546901