



CHALLAN
MTR Form Number-6



GRN	MH017310921202425U	BARCODE			Date	06/03/2025-14:49:11		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		Vijaya Shankarrao Shivsharan					
Location					MUMBAI													
Year					2025-2026 One Time						Flat/Block No.							
Account Head Details					Amount In Rs.						Premises/Building							
0070033201					Miscellaneous Receipts						60.00		Road/Street					
											Area/Locality							
											Town/City/District							
											PIN							
											Remarks (If Any)							
											Amount In		Sixty Rupees Only					
Total					60.00						Words							
Payment Details					STATE BANK OF INDIA						FOR USE IN RECEIVING BANK							
Cheque-DD Details					Bank CIN		Ref. No.		00040572025030693320		CPAEWTFHN8							
Cheque/DD No.					Bank Date		RBI Date		06/03/2025-14:24:50		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. : 9820908923