



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