



CHALLAN
MTR Form Number-6



GRN	MH017322283202425U	BARCODE			Date	06/03/2025-16:07:42		Form ID					
Department					Maharashtra Administrative Tribunal								
Type of Payment					Original Application Fees Cash Receipt of Record Room in Office which are ch								
Office Name					INCHARGE REGISTRAR MAT MUMBAI		Full Name				ADV GOVIND SOLANKE		
Location					MUMBAI		Flat/Block No.						
Year					2024-2025 One Time		Premises/Building						
Account Head Details					Amount In Rs.		Road/Street						
0070033201					Miscellaneous Receipts		Area/Locality						
					65.00		Town/City/District						
							PIN						
							Remarks (If Any)						
							MARUTI VASANT YADAV VS STATE OF MAHARASHTRA AND						
							OTHERS						
							Amount In				Sixty Five Rupees Only		
Total					65.00		Words						
Payment Details					STATE BANK OF INDIA		FOR USE IN RECEIVING BANK						
Cheque-DD Details					Bank CIN		Ref. No.		00040572025030622287		CPAEWTNJH8		
Cheque/DD No.					Bank Date		RBI Date		06/03/2025-16:24:08		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. : 8976171169