



CHALLAN  
MTR Form Number-6



GRN	MH017461643202425U	BARCODE			Date	10/03/2025-08:53:04		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		V Nikam	
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		Pune	
						Town/City/District			
						PIN		4 1 1 0 4 2	
						Remarks (If Any)			
						9579546901			
Total				60.00		Amount In		Sixty Rupees Only	
						Words			
Payment Details				STATE BANK OF INDIA		FOR USE IN RECEIVING BANK			
Cheque-DD Details				Bank CIN		Ref. No.		00040572025031045933 CPAEXBAQM1	
Cheque/DD No.				Bank Date		RBI Date		10/03/2025-08:24:54 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