

CHALLAN MTR Form Number-6



GRN MH017650704202425U BARCODE			III Date	12/03/2025-12:1:	2:58 F	orm	ID	-		
Department Maharashtra Administrative Tribunal			Payer Details							
Original Application Fees Type of Payment Cash Receipt of Record Room in Office which are ch		TAX ID / TAN (If Any)								
		PAN No.(If A	(pplicable)							
Office Name INCHARGE REGISTRAR MAT MUMBAI		Full Name		P P Hange						
Location MUMBAI										
Year 2024-2025 One Time		Flat/Block No.								
Account Head Details Amount In Rs.		Premises/Building								
0070033201 Miscellaneous Receipts 60.00		Road/Stree	t							
		Area/Locality								
		Town/City/District								
		PIN								
		Remarks (If Any)								
	Adv. Punam Mahajan									
			_							
		Amount In	Sixty Rup	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.	00040572025031	23798	1 CF	CPAEXHZXT2			
Cheque/DD No.		Bank Date	RBI Date	12/03/2025-12:24	:14	No	t Verif	ied with	RBI	
Name of Bank			h	STATE BANK OF INDIA						
Name of Branch			Date	Not Verified with Scroll						

Department ID: Mobile No.: 9579546901