



GRN		MH017679746202425U		BARCODE				Date		12/03/2025-15:26:58		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 AURANGABAD				Full Name		PRAJAKTA SHJINDE					
Location				CHHATRAPATI SAMBHAJINAGAR											
Year				2024-2025 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.	00040572025031262383			CPAEXIXMA8		
Cheque/DD No.								Bank Date	RBI Date	12/03/2025-15:24:27			Not Verified with RBI		
Name of Bank								Bank-Branch		STATE BANK OF INDIA					
Name of Branch								Scroll No. , Date		Not Verified with Scroll					

Mobile No. : 8425914701