



CHALLAN
MTR Form Number-6



GRN	MH017651437202425U	BARCODE			Date	12/03/2025-12:17:29		Form ID																
Department					Maharashtra Administrative Tribunal						Payer Details													
Type of Payment					Original Application Fees					TAX ID / TAN (If Any)														
					Cash Receipt of Record Room in Office which are ch					PAN No.(If Applicable)														
Office Name					INCHARGE REGISTRAR MAT MUMBAI					Full Name					Kisan Baban Gawari									
Location					MUMBAI																			
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)									
															Adv. Punam Mahajan									
															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.		00040572025031238601				CPAEXIAMZ6						
Cheque/DD No.										Bank Date		RBI Date		12/03/2025-12:24:18				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