



CHALLAN
MTR Form Number-6



GRN	MH018083643202425U	BARCODE			Date	19/03/2025-15:14:54		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							
Location					MUMBAI							
Year					2025-2026 From 01/04/2025 To 31/03/2026							
Account Head Details					Amount In Rs.		Payer Details					
0070033201 Miscellaneous Receipts					60.00		TAX ID / TAN (If Any)					
							PAN No.(If Applicable)					
							Full Name					
							SHRI.AJAY PAWAR					
							Flat/Block No.					
							Premises/Building					
							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							
Cheque-DD Details					FOR USE IN RECEIVING BANK							
Cheque/DD No.					Bank CIN		Ref. No.		00040572025031950980		CPAEXYYOLO	
					Bank Date		RBI Date		19/03/2025-15:24:15		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