



CHALLAN
MTR Form Number-6



GRN	MH018131185202425U	BARCODE			Date	20/03/2025-10:27:42		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				SHRI. RAVINDRA D. BANDAL		
Location					MUMBAI		Flat/Block No.						
Year					2025-2026 From 01/04/2025 To 31/03/2026		Premises/Building						
Account Head Details					Amount In Rs.		Road/Street						
0070033201					Miscellaneous Receipts		Area/Locality						
					60.00		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.		00040572025032083234		CPAEYASWU7		
Cheque/DD No.					Bank Date		RBI Date		20/03/2025-10:24:28		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