

## CHALLAN MTR Form Number-6



| GRN MH018162045202425U BARCODE  |       |                                     | Date          | 20/03/2025-13:24:07      | For | m 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 SHRI. SADASHIV D. KUMBHAR |               |                          |     |            |            |     |  |
| Location MUMBAI   |       |                                     |               |                          |     |            |            |     |  |
| Year 2025-2026 From 01/04/2025 To 31/03/2026  |       | Flat/Block No.                      |               |                          |     |            |            |     |  |
| Account Head Details Amount In Rs.  |       | Premises/Building                   |               |                          |     |            |            |     |  |
| 0070033201 Miscellaneous Receipts 60.00   |       | Road/Street                         |               |                          |     |            |            |     |  |
|   |       | Area/Locality                       |               |                          |     |            |            |     |  |
|   |       | Town/City/I                         | District      | ,                        |     |            |            |     |  |
|   |       | PIN                                 |               |                          |     |            |            |     |  |
|   |       | Remarks (If Any)                    |               |                          |     |            |            |     |  |
|   |       | AD. PUNAM                           | I MAHAJAN     |                          |     |            |            |     |  |
|   |       |                                     |               |                          |     |            |            |     |  |
|   |       |                                     |               |                          |     |            |            |     |  |
|   |       |                                     | <b>.</b>      |                          |     |            |            |     |  |
|   |       | Amount In                           | Sixty Rup     | ixty Rupees Only         |     |            |            |     |  |
| Total   | 60.00 | Words                               |               |                          |     |            |            |     |  |
| Payment Details STATE BANK OF INDIA   |       | FOR USE IN RECEIVING BANK           |               |                          |     |            |            |     |  |
| Cheque-DD Details   |       | Bank CIN                            | Ref. No.      | 00040572025032024        | 576 | CPAEYBQIF5 |            |     |  |
| Cheque/DD No.   |       | Bank Date                           | RBI Date      | 20/03/2025-13:24:24      | ١   | Not Ver    | ified with | RBI |  |
| Name of Bank  |       |                                     | h             | STATE BANK OF INDIA      |     |            |            |     |  |
| Name of Branch  |       |                                     | Date          | Not Verified with Scroll |     |            |            |     |  |

Department ID: 9579546901