



CHALLAN  
MTR Form Number-6



GRN	MH018805132202425U	BARCODE			Date	27/03/2025-14:14:04		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 One Time							
Account Head Details					Amount In Rs.		Premises/Building					
0070033201 Miscellaneous Receipts					205.00		Road/Street					
							Area/Locality					
							Town/City/District					
							PIN					
							Remarks (If Any)					
							Desai Legal LLP.					
							Amount In					
							Two Hundred Five Rupees Only					
Total					205.00		Words					
Payment Details					STATE BANK OF INDIA							
Cheque-DD Details					FOR USE IN RECEIVING BANK							
Cheque/DD No.					Bank CIN		Ref. No.		00040572025032782966		CPAEYWJXJ3	
					Bank Date		RBI Date		27/03/2025-14:24:14		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. : 9769817372