



CHALLAN
MTR Form Number-6



GRN	MH000951453202526U	BARCODE			Date	21/04/2025-11:09:37		Form ID																
Department					Maharashtra Administrative Tribunal						Payer Details													
Type of Payment					Original Application Fees Cash Receipt of Record Room in Office which are ch						TAX ID / TAN (If Any)													
											PAN No.(If Applicable)													
Office Name					INCHARGE REGISTRAR MAT MUMBAI						Full Name		SHRI VAIBHAV YASHWANT KANK AND ORS											
Location					MUMBAI																			
Year					2025-2026 One Time						Flat/Block No.													
Account Head Details					Amount In Rs.						Premises/Building													
0070033201					Miscellaneous Receipts						810.00		Road/Street											
											Area/Locality													
											Town/City/District													
											PIN													
											Remarks (If Any)													
											ADV. PUNAM MAHAJAN													
											Amount In		Eight Hundred Ten Rupees Only											
Total					810.00						Words													
Payment Details					STATE BANK OF INDIA						FOR USE IN RECEIVING BANK													
Cheque-DD Details											Bank CIN		Ref. No.		00040572025042169057		CPAFAXYGX3							
Cheque/DD No.											Bank Date		RBI Date		21/04/2025-11:24:10		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