



CHALLAN
MTR Form Number-6



GRN	MH000955569202526U	BARCODE			Date	21/04/2025-11:45:27		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					60.00		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.		00040572025042172510		CPAFAYCMS0	
					Bank Date		RBI Date		21/04/2025-11:24:46		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