



CHALLAN
MTR Form Number-6



GRN	MH000957071202526U	BARCODE			Date	21/04/2025-11:56:36		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		SMT. NAYNA RAJAN GUHAGARKAR							
Location					MUMBAI															
Year					2025-2026 One Time						Flat/Block No.									
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						FOR USE IN RECEIVING BANK									
Cheque-DD Details					Bank CIN		Ref. No.		00040572025042173863		CPAFAYDWZ9									
Cheque/DD No.					Bank Date		RBI Date		21/04/2025-11:24:57		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