




GRN	MH001480819202526U	BARCODE			Date	29/04/2025-18:35:13			Form ID										
Department				Maharashtra Administrative Tribunal															
Type of Payment				Original Application Fees				Cash Receipt of Record Room in Office which are ch											
				TAX ID / TAN (If Any)															
Office Name				INCHARGE REGISTRAR MAT MUMBAI				Full Name				TUSHAR SONAWANE							
				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)											
								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.		00040572025042983780				CPAFBSFEU6			
Cheque/DD No.				Bank Date		RBI Date		29/04/2025-18:24:36				Not Verified with RBI							
Name of Bank				Bank-Branch				STATE BANK OF INDIA											
Name of Branch				Scroll No. , Date				Not Verified with Scroll											

Mobile No. : 8425914701