



CHALLAN
MTR Form Number-6



GRN	MH004484744202627E	BARCODE			Date	15/06/2026-15:50:46		Form ID	6(1)	
Department Inspector General Of Registration					Payer Details					
Type of Payment Stamp Duty and Registration Fee together					TAX ID / TAN (If Any)					
					PAN No.(If Applicable)		BSJXXXXXXD			
Office Name PCR_PACHORA SUB REGISTRAR					Full Name		SAIYYAD HARUN SAIYYAD MUSTAFA MANYAR			
Location JALGAON										
Year 2026-2027 One Time					Flat/Block No.		PLOT NO. 11(NORTH SIDE PART), GAT NO			
					Premises/Building		138/6, NURANI NAGAR NEAR JALGAON			
Account Head Details				Amount In Rs.		CHAUFULLY,				
0030046401 Stamp Duty				3716.00		Road/Street BEHIND GOVIND HOSPITAL, ON BHADGAON ROAD, JALGAON SHIVAR TAL PACHORA DIST				
0030063301 Registration Fee				6190.00		Area/Locality JALGAON JALGAON				
						Town/City/District				
						PIN 4 2 5 0 0 1				
						Remarks (If Any)				
						PAN2=AAACI6285N~SecondPartyName=ICICI HOME FINANCE				
						COMPANY LIMITED~CA=1237000				
						Amount In Nine Thousand Nine Hundred Six Rupees Only				
Total				9,906.00		Words				
Payment Details PUNJAB NATIONAL BANK					FOR USE IN RECEIVING BANK					
Cheque-DD Details					Bank CIN		Ref. No.		03006172026061501067 5267689781	
Cheque/DD No.					Bank Date		RBI Date		15/06/2026-15:51:41 Not Verified with RBI	
Name of Bank					Bank-Branch		PUNJAB NATIONAL BANK			
Name of Branch					Scroll No. , Date		Not Verified with Scroll			

Department ID :

Mobile No. :

XXXXXX2343

NOTE:- This challan is valid for document to be registered in Sub Registrar office only. Not valid for unregistered document.

सदर चलन केवल दुय्यम निबंधक कार्यालयात नोंदणी करावयाच्या दस्तासाठी लागू आहे. नोंदणी न करावयाच्या दस्तासाठी सदर चलन लागू नाही.