



CHALLAN
MTR Form Number-6



GRN	MH011193985202627E	BARCODE			Date	30/09/2026-21:00:56		Form ID	6(1)				
Department Inspector General Of Registration					Payer Details								
Stamp Duty and Registration Fee together					TAX ID / TAN (If Any)								
Type of Payment Registration Fee					PAN No.(If Applicable)		BCIXXXXXXJ						
Office Name WSM_WASHIM SUB REGISTRAR					Full Name		MURLIDHAR RAMBHAU THORALKAR						
Location WASHIM													
Year 2026-2027 One Time					Flat/Block No.		BHUKHAND NO.13, F.S. NO.14/1 MOUJE						
Account Head Details				Amount In Rs.	Premises/Building		ADGAON N.KATANEAR SECURA HOSPITAL						
0030046401 Stamp Duty				10510.00	Road/Street		TIRUPATI PARK,AKOLA ROAD, WASHIM TQ. AND DIST. WASHIM						
0030063301 Registration Fee				15000.00	Area/Locality		WASHIM						
					Town/City/District								
					PIN			4	4	4	5	0	5
					Remarks (If Any)								
					PAN2=AAACI6285N~SecondPartyName=ICICI HOME FINANCE								
					COMPANY LTD~CA=3500000								
					Amount In		Twenty Five Thousand Five Hundred Ten Rupees Only						
Total				25,510.00	Words								
Payment Details PUNJAB NATIONAL BANK					FOR USE IN RECEIVING BANK								
Cheque-DD Details					Bank CIN	Ref. No.	03006172026100100167		5287240823				
Cheque/DD No.					Bank Date	RBI Date	30/09/2026-21:04:17		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. :

XXXXXX4942

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

सदर चलन केवल दुस्यम निबंधक कार्यालयात नोंदणी करावयाच्या दस्तांसाठी लागू आहे. नोंदणी न करावयाच्या दस्तांसाठी सदर चलन लागू नाही.