



CHALLAN
MTR Form Number-6



GRN	MH011598859202627E	BARCODE			Date	08/10/2026-12:04:03		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)		ABQXXXXXXR						
Office Name SNR_SINNAR SUB REGISTRAR					Full Name		NIKHIL PATILBUVA UGALE						
Location NASHIK													
Year 2026-2027 One Time					Flat/Block No.		BUNGALOW ON PLOT NO 05 S NO 1054 OLD S						
Account Head Details				Amount In Rs.	Premises/Building		NO 1116 1 TO 9/6/1 AND 2						
0030046401 Stamp Duty				3160.00	Road/Street		NR MATOSHREE HOSPITAL OPP SONI HP GAS AGENCY VARANDAL MALA SHIVAJI NAGAR						
0030063301 Registration Fee				5260.00	Area/Locality		TAL SINNAR DIST NASHIK						
					Town/City/District								
					PIN			4	2	2	1	0	3
					Remarks (If Any)								
					PAN2=AAACI6285N~SecondPartyName=ICICI HOME FINANCE								
					COMPANY LTD~CA=1050000								
					Amount In		Eight Thousand Four Hundred Twenty Rupees Only						
Total				8,420.00	Words								
Payment Details PUNJAB NATIONAL BANK					FOR USE IN RECEIVING BANK								
Cheque-DD Details					Bank CIN	Ref. No.	03006172026100800290		5288796488				
Cheque/DD No.					Bank Date	RBI Date	08/10/2026-12:07:51		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. :

XXXXXX6333

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 दस्तांसाठी लागू आहे. नोंदणी न करावयाच्या दस्तांसाठी सदर चलन लागू नाही.