



CHALLAN
MTR Form Number-6



GRN	MH009824788202627E	BARCODE			Date	08/09/2026-12:42:33		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)		FDMXXXXXXC			
Office Name ALR1_AHILYANAGAR NO 1 SUB REGISTRAR					Full Name		MANMOHAN RAOSAHEB MHASKE			
Location AHMEDNAGAR										
Year 2026-2027 One Time					Flat/Block No.		FLAT NO B 301 THIRD FLOOR SWAMI			
					Premises/Building		VIVEKANAND TOWER WING B,PLOT NO 41/42			
Account Head Details				Amount In Rs.		SR NO 79/1A				
0030046401 Stamp Duty				6590.00		Road/Street		AMBEDKAR CHOWK BESIDE KAKASAHEB MHASKE MEDICAL COLLEGE AT BOLHEGAON		
0030063301 Registration Fee				10980.00		Area/Locality		TAL DIST AHILYANAGAR AHMEDNAGAR		
						Town/City/District				
						PIN		4 1 2 2 1 0		
						Remarks (If Any)				
						PAN2=AAACI6285N~SecondPartyName=ICICI HOME FINANCE				
						COMPANY LIMITED~CA=2195000				
						Amount In Seventeen Thousand Five Hundred Seventy Rupees Onl				
Total				17,570.00		Words		y		
Payment Details PUNJAB NATIONAL BANK					FOR USE IN RECEIVING BANK					
Cheque-DD Details					Bank CIN		Ref. No.		03006172026090800439 5282939580	
Cheque/DD No.					Bank Date		RBI Date		08/09/2026-12:44:12 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. :

XXXXXX0164

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 .