



CHALLAN
MTR Form Number-6



GRN	MH007244793202627E	BARCODE			Date	28/07/2026-16:08:31		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)		MWZXXXXXXA						
Office Name CSN2_JT SUB REGI CH _SAMBHAJINAGAR					Full Name		AKASH JAYRAM SHINDE						
Location CHHATRAPATI SAMBHAJINAGAR													
Year 2026-2027 One Time					Flat/Block No.		ROW HOUSE ON PLOT NO.131, GAT NO.17,						
Account Head Details				Amount In Rs.	Premises/Building		NEAR,SAI MANGALKARYALAY, SAI NAGAR,						
0030046401 Stamp Duty				6550.00	Road/Street		AT PADEGAO,TAL AND DIST. CHH. SAMBHAJINAGAR (AURANGABAD)						
0030063301 Registration Fee				10910.00	Area/Locality		AURANGABAD						
					Town/City/District								
					PIN			4	3	1	0	0	1
					Remarks (If Any)								
					PAN2=AAACI6285N~SecondPartyName=ICICI HOME FINANCE								
					COMPANY LIMITED~CA=2180000								
					Amount In		Seventeen Thousand Four Hundred Sixty Rupees Only						
Total				17,460.00	Words								
Payment Details PUNJAB NATIONAL BANK					FOR USE IN RECEIVING BANK								
Cheque-DD Details					Bank CIN	Ref. No.	03006172026072801163		5275324080				
Cheque/DD No.					Bank Date	RBI Date	28/07/2026-16:09:13		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. :

XXXXXX3125

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