



CHALLAN
MTR Form Number-6



GRN	MH011106973202627E	BARCODE			Date	29/09/2026-21:26:13		Form ID	6(1)	
Department Inspector General Of Registration					Payer Details					
Stamp Duty and Registration Fee together Type of Payment Registration Fee					TAX ID / TAN (If Any)					
					PAN No.(If Applicable)		AKBXXXXXXG			
Office Name NSK5_NASHIK 5 JOINT SUB REGISTRAR					Full Name		AMOL BABASAHEB ARNE			
Location NASHIK										
Year 2026-2027 One Time					Flat/Block No.		ROW HOUSE NO A-17 BHANDURE PARK A GAT			
					Premises/Building		NO 468/C/1/C/2/C/3			
Account Head Details					Amount In Rs.					
0030046401 Stamp Duty					5350.00		Road/Street		SATPUR SHIV HOSPITAL VINAYAK SANKUL ROAD NASHIK	
0030063301 Registration Fee					8910.00		Area/Locality		NASHIK	
							Town/City/District			
					PIN				4 2 2 0 0 7	
							Remarks (If Any)			
							PAN2=AAACP3682N~SecondPartyName=PNB HOUSING FINANCE			
							LTD~CA=1780000			
							Amount In Fourteen Thousand Two Hundred Sixty Rupees Only			
Total					14,260.00		Words			
Payment Details PUNJAB NATIONAL BANK					FOR USE IN RECEIVING BANK					
Cheque-DD Details					Bank CIN		Ref. No.		03006172026093000166 5287012581	
Cheque/DD No.					Bank Date		RBI Date		29/09/2026-21:27:29 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. :

XXXXXX3635

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 .