CHALLAN
MTR Form Number-6

GRN	MH011014193202627E	**BARCODE**		**Date**	28/09/2026-18:19:59	**Form ID**	6(1)

Department	Inspector General Of Registration	**Payer Details**	
Type of Payment	Stamp Duty and Registration Fee together Registration Fee	**TAX ID / TAN (If Any)**	
		PAN No.(If Applicable)	GFFXXXXXXL
Office Name	CSN2_JT SUB REGI CH _SAMBHAJINAGAR	**Full Name**	GOPAL SUBHASH SHELKE
Location	CHHATRAPATI SAMBHAJINAGAR		
Year	2026-2027 One Time	**Flat/Block No. Premises/Building**	PLOT NO 26 AND 27 GUT NO 35 BEHIND GAJANAN MAHARAJ TEMPLE
		Road/Street	AT KUBHEFAL TAL AND DIST CHH SAMBHAJINAGAR AURANGABAD
		Area/Locality Town/City/District	AURANGABAD
		PIN	4 3 1 0 0 1
		Remarks (If Any)	PAN2=AAACI6285N~SecondPartyName=ICICI HOME FINANCE COMPANY LTD~CA=2050000
		Amount In Words	Sixteen Thousand Four Hundred Twenty Rupees Only

Account Head Details	**Amount In Rs.**
0030046401 Stamp Duty	6160.00
0030063301 Registration Fee	10260.00
Total	16,420.00

Payment Details	PUNJAB NATIONAL BANK	**FOR USE IN RECEIVING BANK**			
Cheque-DD Details		Bank CIN	Ref. No.	03006172026092801424	5286775396
Cheque/DD No.		Bank Date	RBI Date	28/09/2026-18:21:52	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. : XXXXXX1104

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

सदर चलन केवळ दुय्यम निबंधक कार्यालयात नोदंणी करावयाच्या दस्तांसाठी लागु आहे. नोदंणी न करावयाच्या दस्तांसाठी सदर चलन लागु नाही.

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