



CHALLAN
MTR Form Number-6



GRN	MH010396101202627E	BARCODE			Date	17/09/2026-20:03:33		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)		BYSXXXXXXJ			
Office Name NSK5_NASHIK 5 JOINT SUB REGISTRAR					Full Name		MOHSIN ARIF MANIYAR			
Location NASHIK										
Year 2026-2027 One Time					Flat/Block No.		FLAT NO. 603, 6TH FLOOR, A-WING, DSV			
					Premises/Building		PRESTIGE,APARTMENT, S. NO. 6/2, PLOT NO.5			
Account Head Details					Amount In Rs.		AND 6			
0030046401 Stamp Duty					6310.00		Road/Street		B/H GALAXY,HOSPITAL, KHODE NAGAR, MAUJE WADALA SHIWAR, NASHIK	
0030063301 Registration Fee					10510.00		Area/Locality		NASHIK	
							Town/City/District			
					PIN				4 2 2 0 0 6	
							Remarks (If Any)			
							PAN2=AAACI6285N~SecondPartyName=ICICI HOME FINANCE			
							COMPANY LIMITED~CA=2100000			
							Amount In Sixteen Thousand Eight Hundred Twenty Rupees Only			
Total					16,820.00		Words			
Payment Details PUNJAB NATIONAL BANK					FOR USE IN RECEIVING BANK					
Cheque-DD Details					Bank CIN		Ref. No.		03006172026091800004 5284860243	
Cheque/DD No.					Bank Date		RBI Date		17/09/2026-20:05:49 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. :

XXXXXX1882

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 .