



CHALLAN
MTR Form Number-6



GRN	MH004870986202627E	BARCODE			Date	20/06/2026-12:55:44		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)		BDOXXXXXXK			
Office Name ALR3_AHILYANAGAR 3 JT SUB REGISTRAR					Full Name		VICKY FATEHCHAND NAWLANI			
Location AHMEDNAGAR										
Year 2026-2027 One Time					Flat/Block No.		FLAT NO 302, THIRD FLOOR, NOVA CASA,			
					Premises/Building		PLOT NO 1, HISSA NO 1, SR NO			
Account Head Details					Amount In Rs.		14/1A1/14/1A3/14/1A2, SAVEDI			
0030046401 Stamp Duty					6005.00		Road/Street		BEHIND DAULE HOSPITAL, SAVEDI ROAD, AHMED NAGAR, MAHARASHTRA	
0030063301 Registration Fee					10005.00		Area/Locality		AHMEDNAGAR	
							Town/City/District			
					PIN				4 1 4 0 0 3	
							Remarks (If Any)			
							PAN2=AAACP3682N~SecondPartyName=PNB HOUSING FINANCE			
							LTD~CA=2000000			
							Amount In Sixteen Thousand Ten Rupees Only			
Total					16,010.00		Words			
Payment Details PUNJAB NATIONAL BANK					FOR USE IN RECEIVING BANK					
Cheque-DD Details					Bank CIN		Ref. No.		03006172026062000360 5268609723	
Cheque/DD No.					Bank Date		RBI Date		20/06/2026-12:57:38 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. :

XXXXXX9289

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.