



CHALLAN
MTR Form Number-6



GRN	MH011018383202627E	BARCODE			Date	28/09/2026-19:10:48		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)		AOQXXXXXXB			
Office Name HVL8_HAVELI 8 JOINT SUB REGISTRAR					Full Name		SACHIN BABURAO VADAJE			
Location PUNE										
Year 2026-2027 One Time					Flat/Block No.		FLAT NO 15 3RD FLOOR (OLD 2ND			
					Premises/Building		FLOOR)WING C SASANE HINGANE TOWNSHIP			
Account Head Details				Amount In Rs.		SURVEY NO 231/1B CTS NO 3020 3026				
0030046401 Stamp Duty				6310.00		Road/Street		NEAR LIFE CARE MULTISPECIALITY HOSPITAL AT HADAPSAR TAL HAVELI DIST PUNE		
0030063301 Registration Fee				10510.00		Area/Locality		PUNE		
						Town/City/District				
						PIN		4 1 1 0 2 8		
						Remarks (If Any)				
						PAN2=AAACI6285N~SecondPartyName=ICICI HOME FINANCE				
						COMPANY LTD~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.		03006172026092801562 5286788105	
Cheque/DD No.					Bank Date		RBI Date		28/09/2026-19:12:06 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. :

XXXXXX0896

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 .