



CHALLAN
MTR Form Number-6



GRN	MH010989174202627E	BARCODE			Date	28/09/2026-15:20:01		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)		DRDXXXXXXF			
Office Name HVL22_HAVELI 22 JOINT SUB REGISTRAR					Full Name		PRIYANKA SAKHARE			
Location PUNE										
Year 2026-2027 One Time					Flat/Block No.		FLAT NO 10 4TH FLOOR EMPIRE HEIGHTS CTS			
					Premises/Building		NO 371			
Account Head Details				Amount In Rs.						
0030046401 Stamp Duty				7510.00		Road/Street		PART MAUJE KOTHRUD BEHIND SUYASH HOSPITAL TAL HAVELI DIST PUNE		
0030063301 Registration Fee				12510.00		Area/Locality		PUNE		
						Town/City/District				
						PIN		4 1 1 0 3 8		
						Remarks (If Any)				
						PAN2=AAACI6285N~SecondPartyName=ICICI HOME FINANCE				
						COMPANY LTD~CA=2500000				
						Amount In Twenty Thousand Twenty Rupees Only				
Total				20,020.00		Words				
Payment Details PUNJAB NATIONAL BANK					FOR USE IN RECEIVING BANK					
Cheque-DD Details					Bank CIN		Ref. No.		03006172026092800876 5286720639	
Cheque/DD No.					Bank Date		RBI Date		28/09/2026-15:22:47 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. :

XXXXXX6513

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 .