



CHALLAN
MTR Form Number-6



GRN	MH011716712202627E	BARCODE			Date	09/10/2026-17:09:06		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)		ACZXXXXXXG			
Office Name ALR2_AHILYANAGAR 2 JT SUB REGISTRAR					Full Name		HULJUTE GANESH DIGAMBAR			
Location AHMEDNAGAR										
Year 2026-2027 One Time					Flat/Block No.		FINAL PLOT NO 267 P SUB PLOT NO 20 T P			
					Premises/Building		SCHEME NO 4 OLD S NO 102/A2 NEAR			
Account Head Details					Amount In Rs.		PARGOANKAR HOSPITAL			
0030046401 Stamp Duty					16390.00		Road/Street		NEAR GANGA UDYAN SAVEDI AHMEDNAGAR MAHARASHTRA	
0030063301 Registration Fee					15000.00		Area/Locality		AHMED NAGAR	
							Town/City/District			
					PIN				4 1 4 0 0 3	
							Remarks (If Any)			
							PAN2=AAACP3682N~SecondPartyName=PNB HOUSING FINANCE			
							LTD~CA=5460000			
							Amount In			
							Thirty One Thousand Three Hundred Ninety Rupees On			
Total					31,390.00		Words		ly	
Payment Details PUNJAB NATIONAL BANK					FOR USE IN RECEIVING BANK					
Cheque-DD Details					Bank CIN		Ref. No.		03006172026100901047 5289138465	
Cheque/DD No.					Bank Date		RBI Date		09/10/2026-17:11:16 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. :

XXXXXX9050

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 .