



CHALLAN
MTR Form Number-6



GRN	MH012124806202627E	BARCODE			Date	15/10/2026-18:06:17		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)		DBPXXXXXXXP					
Office Name MLK_MALKAPUR SUB REGISTRAR					Full Name		CHHAYA ACHUTRAO KALE					
Location BULDHANA												
Year 2026-2027 One Time					Flat/Block No.		SHOP NO.03 AND 04, ON GROUND FLOOR,					
					Premises/Building		AJAY PLAZA ,APARTMENT, ON NAZUL PLOT					
Account Head Details					Amount In Rs.		NO.41, NAZUL SHEET NO.20					
0030046401 Stamp Duty					3290.00		Road/Street		CTS NO.41, NEAR NAVJEEVAN HOSPITAL, VISHNUWADI,AT MAUJE MALKAPUR, TAL.			
0030063301 Registration Fee					5480.00		Area/Locality		MALKAPUR, DIST. BULDHANA			
							Town/City/District					
							PIN		4 4 3 1 0 1			
							Remarks (If Any)					
							PAN2=AAACI6285N~SecondPartyName=ICICI		HOME FINANCE			
							COMPANY LTD~CA=1094000					
							Amount In		Eight Thousand Seven Hundred Seventy Rupees Only			
Total					8,770.00		Words					
Payment Details PUNJAB NATIONAL BANK					FOR USE IN RECEIVING BANK							
Cheque-DD Details					Bank CIN		Ref. No.		03006172026101501933		5290465261	
Cheque/DD No.					Bank Date		RBI Date		15/10/2026-18:08:37		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. :

XXXXXX9007

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 .