



CHALLAN
MTR Form Number-6



GRN	MH010463944202627E	BARCODE			Date	19/09/2026-13:57:06		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)		FMZXXXXXXJ					
Office Name MLG2_MALEGAON 2 JOINT SUB REGISTRAR					Full Name		SACHIN ATMARAM BAVISKAR					
Location NASHIK												
Year 2026-2027 One Time					Flat/Block No.		ROWHOUSE UNIT NO.1 ON NORTH PART OF					
Account Head Details				Amount In Rs.		Premises/Building		PLOT NO.20 GAT NO.211/1/2 JAJUWADI NEAR				
0030046401 Stamp Duty				4920.00		Road/Street		KBH PHARMACY COLLEGE BHAYGAON RAOD AT-BHAYGAON SHIVAR TAL.MALEGAON				
0030063301 Registration Fee				8190.00		Area/Locality		NASHIK				
						Town/City/District						
						PIN		4 2 3 2 0 3				
						Remarks (If Any)						
						PAN2=AAACI6285N~SecondPartyName=ICICI HOME FINANCE						
						COMPANY LTD~CA=1635150						
						Amount In		Thirteen Thousand One Hundred Ten Rupees Only				
Total				13,110.00		Words						
Payment Details PUNJAB NATIONAL BANK					FOR USE IN RECEIVING BANK							
Cheque-DD Details					Bank CIN		Ref. No.		03006172026091900503		5285148205	
Cheque/DD No.					Bank Date		RBI Date		19/09/2026-13:58:03		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. :

XXXXXX1104

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 दस्तांसाठी लागू आहे . नोंदणी न करावयाच्या दस्तांसाठी सदर चलन लागू नाही .