



CHALLAN
MTR Form Number-6



GRN	MH010714993202627E	BARCODE			Date	23/09/2026-15:28:39		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)		EXFXXXXXXK			
Office Name AKT_AKOT SUB REGISTRAR					Full Name		KAMLESH BHOLARAM AHIR			
Location AKOLA										
Year 2026-2027 One Time					Flat/Block No.		SHOP NO G-13 GROUND FLOOR HIRA MARKET			
					Premises/Building		NAZUL SHEET NO 19D NAZUL PLOT NO 149			
Account Head Details				Amount In Rs.		KASBE AKOT				
0030046401 Stamp Duty				2980.00		Road/Street		SONAR LINE NEAR VYAVHARE HOSPITAL TAH AKOT DIST AKOLA		
0030063301 Registration Fee				4960.00		Area/Locality		AKOLA		
						Town/City/District				
						PIN		4 4 4 1 0 1		
						Remarks (If Any)				
						PAN2=AAACI6285N~SecondPartyName=ICICI HOME FINANCE				
						COMPANY LTD~CA=990000				
						Amount In Seven Thousand Nine Hundred Forty Rupees Only				
Total				7,940.00		Words				
Payment Details PUNJAB NATIONAL BANK					FOR USE IN RECEIVING BANK					
Cheque-DD Details					Bank CIN		Ref. No.		03006172026092300995 5285867741	
Cheque/DD No.					Bank Date		RBI Date		23/09/2026-15:31:44 Not Verified with RBI	
Name of Bank					Bank-Branch		PUNJAB NATIONAL BANK			
Name of Branch					Scroll No. , Date		Not Verified with Scroll			

Department ID : XXXXXX5415
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.