



CHALLAN
MTR Form Number-6



GRN	MH010556302202627E	BARCODE			Date	21/09/2026-16:24:20		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)		BIXXXXXXXB			
Office Name HKG_HATKALANGALE SUB REGISTRAR					Full Name		BALIRAM RAMSURATRAY PANDIT			
Location KOLHAPUR										
Year 2026-2027 One Time					Flat/Block No.		R S NO 207 1 PLOT NO 16 NORTH SIDE PART			
Account Head Details				Amount In Rs.	Premises/Building		NEAR ALLIANCE HOSPITAL MOUJE KABNOOR			
0030046401 Stamp Duty				6290.00	Road/Street		ICHALKARANJI TAL HATKNANGALE DIST KOLHAPUR			
0030063301 Registration Fee				10470.00	Area/Locality		KOLHAPUR			
					Town/City/District					
					PIN			4	1	6
					Remarks (If Any)					
					PAN2=AAACI6285N~SecondPartyName=ICICI HOME FINANCE					
					COMPANY LTD~CA=2092923					
					Amount In		Sixteen Thousand Seven Hundred Sixty Rupees Only			
Total				16,760.00	Words					
Payment Details PUNJAB NATIONAL BANK					FOR USE IN RECEIVING BANK					
Cheque-DD Details					Bank CIN	Ref. No.	03006172026092100992		5285473786	
Cheque/DD No.					Bank Date	RBI Date	21/09/2026-16:26:03		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. :

XXXXXX7877

NOTE:- This challan is valid for document to be registered in Sub Registrar office only. Not valid for unregistered document.

सदर चलन केवल दुस्यम निबंधक कार्यालयात नोंदणी करावयाच्या दस्तांसाठी लागू आहे. नोंदणी न करावयाच्या दस्तांसाठी सदर चलन लागू नाही.