



CHALLAN
MTR Form Number-6



GRN	MH008455046202627E	BARCODE			Date	17/08/2026-14:54:53		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)		BBKXXXXXXC			
Office Name NSK5_NASHIK 5 JOINT SUB REGISTRAR					Full Name		PATIL AMOL SURYABHAN			
Location NASHIK										
Year 2026-2027 One Time					Flat/Block No.		GAYATRI BUNGALOW ON WEST SIDE PART OF			
					Premises/Building		PLOT NO.17,,GR. PLUS 1ST FLOOR, S.			
Account Head Details					Amount In Rs.		NO.51/1/2 P/51/1/1/51/2 P			
0030046401 Stamp Duty					22680.00		Road/Street		B/H.SAYKHEDKAR HOSPITAL, BACK SIDE OF LOTUS CASTLE,KAMATWADE SHIWAR OPP	
0030063301 Registration Fee					15000.00		Area/Locality		URVESH APARTMENT GURGA NAGAR NASHIK	
							Town/City/District			
					PIN		4		2 2 0 0 9	
							Remarks (If Any)			
							PAN2=AAACI6285N~SecondPartyName=ICICI HOME FINANCE			
							COMPANY LIMITED~CA=7558183			
Total					37,680.00		Amount In Words		Thirty Seven Thousand Six Hundred Eighty Rupees On ly	
Payment Details PUNJAB NATIONAL BANK					FOR USE IN RECEIVING BANK					
Cheque-DD Details					Bank CIN		Ref. No.		03006172026081700870 5278993147	
Cheque/DD No.					Bank Date		RBI Date		17/08/2026-14:55:40 Not Verified with RBI	
Name of Bank					Bank-Branch		PUNJAB NATIONAL BANK			
Name of Branch					Scroll No. , Date		Not Verified with Scroll			

Department ID : XXXXXX1199
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.