



CHALLAN
MTR Form Number-6



GRN	MH002935139202627E	BARCODE			Date	20/05/2026-18:45:55		Form ID	6(1)	
Department Inspector General Of Registration					Payer Details					
Type of Payment Stamp Duty and Registration Fee together					TAX ID / TAN (If Any)					
					PAN No.(If Applicable)		AZRXXXXXXL			
Office Name PTA_PAITHAN SUB REGISTRAR					Full Name		SANJAY ROHIDAS PATRE			
Location CHHATRAPATI SAMBHAJINAGAR										
Year 2026-2027 One Time					Flat/Block No.		G P MILKAT NUMBER A2 28 BACK SIDE OF			
					Premises/Building		TEKADE HOSPITAL NEAR AKASH KIRANA			
Account Head Details					Amount In Rs.		STORE MAUJE CHITEGAO TAL			
0030046401 Stamp Duty					6476.00		Road/Street PAITHAN DIST CHH SAMBHAJI NAGAR(AURANGABAD)			
0030063301 Registration Fee					10790.00		Area/Locality AURANGABAD			
							Town/City/District			
					PIN		4 3 1 1 0 5			
							Remarks (If Any)			
							PAN2=AAACI6285N~SecondPartyName=ICICI HOME FINANCE			
							COMPANY LIMITED~CA=2157000			
							Amount In Seventeen Thousand Two Hundred Sixty Six Rupees On			
Total					17,266.00		Words		ly	
Payment Details PUNJAB NATIONAL BANK					FOR USE IN RECEIVING BANK					
Cheque-DD Details					Bank CIN		Ref. No.		03006172026052001119 5263203014	
Cheque/DD No.					Bank Date		RBI Date		20/05/2026-18:46:56 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. :

XXXXXX9914

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 .