CHALLAN

MTR Form Number-6

GRN	MH017098390202526E	**BARCODE**		**Date**	13/02/2026-13:04:27	**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)	
Office Name	JAL_JALGAON JAMOD SUB REGISTRAR	**Full Name**	Zafar ahmad Mohdmushtaque
Location	BULDHANA		
Year	2025-2026 One Time	**Flat/Block No. Premises/Building**	Plot No 56 , Nazul Sheet No.15C
Account Head Details	**Amount In Rs.**		
0030063301 Registration Fee	15000.00	**Road/Street**	Jalgaon Jamod
		Area/Locality Town/City/District	BULDHANA
		PIN	4 4 3 4 0 2
		Remarks (If Any)	SecondPartyName=ICICI HOME FINANCE COMPANY LIMITED~CA=6000000
Total	15,000.00	**Amount In Words**	Fifteen Thousand Rupees Only

Payment Details		**FOR USE IN RECEIVING BANK**			
Cheque-DD Details		Bank CIN	Ref. No.	69103332026021311527	768816847
Cheque/DD No.		Bank Date	RBI Date	13/02/2026-13:06:22	Not Verified with RBI
Name of Bank		Bank-Branch			
Name of Branch		Scroll No. , Date		Not Verified with Scroll	

Department ID : Mobile No. : XXXXXX9515

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

सदर चलन केवळ दुय्यम निबंधक कार्यालयात नोदंणी करावयाच्या दस्तांसाठी लागु आहे. नोदंणी न करावयाच्या दस्तांसाठी सदर चलन लागु नाही.

Print Date 13-02-2026 01:06:34