CHALLAN
MTR Form Number-6

GRN	MH020515911202526E	**BARCODE**		**Date**	31/03/2026-17:43:23	**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	GGP_GANGAPUR SUB REGISTRAR	**Full Name**	Swati Dadasaheb Ekhe
Location	CHHATRAPATI SAMBHAJINAGAR		
Year	2025-2026 One Time	**Flat/Block No. Premises/Building**	HOUSE NO.143, NEW MILKAT NO.276/3, WARD NO.9
		Road/Street	MARVADI GALLI, BACKSIDE OF CHURCH, GANGAPUR
		Area/Locality Town/City/District	CHHATRAPATI SAMBHAJINAGAR
		PIN	4 3 1 1 0 9
		Remarks (If Any)	SecondPartyName=ICICI HOME FINANCE COMPANY LIMITED~CA=3000000
		Amount In Words	Fifteen Thousand Rupees Only

Account Head Details	**Amount In Rs.**
0030063301 Registration Fee	15000.00
Total	15,000.00

Payment Details		**FOR USE IN RECEIVING BANK**			
Cheque-DD Details		Bank CIN	Ref. No.	69103332026033116989	770929369
Cheque/DD No.		Bank Date	RBI Date	31/03/2026-17:44:15	Not Verified with RBI
Name of Bank		Bank-Branch			
Name of Branch		Scroll No. , Date		Not Verified with Scroll	

Department ID : Mobile No. : XXXXXX8093

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.

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