CHALLAN

MTR Form Number-6

GRN	MH001713318202627E	**BARCODE**		**Date**	29/04/2026-19:32:44	**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	PNL3_PANVEL 3 JOINT SUB REGISTRAR	**Full Name**	Sanidhya Sambhaji Desai
Location	RAIGAD		
Year	2026-2027 One Time	**Flat/Block No.**	Flat No 101 1st Floor Keshav Kunj Chsl Plot No 11
Account Head Details	**Amount In Rs.**	**Premises/Building**	
0030063301 Registration Fee	500.00	**Road/Street**	Sector 26Taloja Panchnand Taluka Panvel
		Area/Locality	RAIGAD
		Town/City/District	
		PIN	4 1 0 2 0 8
		Remarks (If Any)	
		SecondPartyName=ICICI HOME FINANCE COMPANY LIMITED~CA=100000	
		Amount In Words	Five Hundred Rupees Only
Total	500.00		

Payment Details		**FOR USE IN RECEIVING BANK**			
Cheque-DD Details		Bank CIN	Ref. No.	03006172026042901966	5259390713
Cheque/DD No.		Bank Date	RBI Date	29/04/2026-19:33:43	Not Verified with RBI
Name of Bank		Bank-Branch			
Name of Branch		Scroll No. , Date		Not Verified with Scroll	

Department ID : Mobile No. : XXXXXX1195

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 29-04-2026 07:33:46