CHALLAN

MTR Form Number-6

GRN	MH001235099202627E	**BARCODE**		**Date**	22/04/2026-14:04:48	**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	NGP1_HQR SUB REGISTRAR NAGPUR 1	**Full Name**	Girish Taywade
Location	NAGPUR		
Year	2026-2027 One Time	**Flat/Block No.**	plot no 48 kh.no 136
Account Head Details	**Amount In Rs.**	**Premises/Building**	
0030046401 Stamp Duty	400.00	**Road/Street**	Ward no 03 G.P Drugdhamna
		Area/Locality	NAGPUR
		Town/City/District	
		PIN	4 4 0 0 2 3
		Remarks (If Any)	
		SecondPartyName=ICICI HOME FINANCE COMPANY LIMITED~CA=400000	
Total	400.00	**Amount In Words**	Four Hundred Rupees Only

Payment Details		**FOR USE IN RECEIVING BANK**			
Cheque-DD Details		Bank CIN	Ref. No.	69103332026042211813	771843355
Cheque/DD No.		Bank Date	RBI Date	22/04/2026-14:05:34	Not Verified with RBI
Name of Bank		Bank-Branch			
Name of Branch		Scroll No. , Date		Not Verified with Scroll	

Department ID : Mobile No. : XXXXXX2892

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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