



CHALLAN  
MTR Form Number-6



|                                              |                    |         |  |  |                           |                     |                                                    |         |                                                                       |  |
|----------------------------------------------|--------------------|---------|--|--|---------------------------|---------------------|----------------------------------------------------|---------|-----------------------------------------------------------------------|--|
| GRN                                          | MH010910382202627E | BARCODE |  |  | Date                      | 26/09/2026-17:22:06 |                                                    | Form ID | 6(1)                                                                  |  |
| Department Inspector General Of Registration |                    |         |  |  | Payer Details             |                     |                                                    |         |                                                                       |  |
| Stamp Duty and Registration Fee together     |                    |         |  |  | TAX ID / TAN (If Any)     |                     |                                                    |         |                                                                       |  |
| Type of Payment Registration Fee             |                    |         |  |  | PAN No.(If Applicable)    |                     | AQLXXXXXXF                                         |         |                                                                       |  |
| Office Name DRS_HQR SUB REGISTRAR DHARASHIV  |                    |         |  |  | Full Name                 |                     | TORKADE VIJAYKUMAR KALYANAPPA                      |         |                                                                       |  |
| Location DHARASHIV                           |                    |         |  |  | Flat/Block No.            |                     | BUILDING ON CTS NO 4447 EAST PART M C H            |         |                                                                       |  |
| Year 2026-2027 One Time                      |                    |         |  |  | Premises/Building         |                     | NO 27/307 SHEET NO 43 SAMATA NAGAR                 |         |                                                                       |  |
| Account Head Details                         |                    |         |  |  | Amount In Rs.             |                     | INFRONT                                            |         |                                                                       |  |
| 0030046401 Stamp Duty                        |                    |         |  |  | 14380.00                  |                     | Road/Street                                        |         | OF GANDHI DENTAL CLINIC AT OSMANABAD DHARASHIV TAL AND DIST OSMANABAD |  |
| 0030063301 Registration Fee                  |                    |         |  |  | 15000.00                  |                     | Area/Locality                                      |         | DHARASHIV DHARASHIV                                                   |  |
|                                              |                    |         |  |  |                           |                     | Town/City/District                                 |         |                                                                       |  |
|                                              |                    |         |  |  |                           |                     | PIN                                                |         | 4 1 3 5 0 1                                                           |  |
|                                              |                    |         |  |  |                           |                     | Remarks (If Any)                                   |         |                                                                       |  |
|                                              |                    |         |  |  |                           |                     | PAN2=AAACI6285N~SecondPartyName=ICICI HOME FINANCE |         |                                                                       |  |
|                                              |                    |         |  |  |                           |                     | COMPANY LTD~CA=4790000                             |         |                                                                       |  |
|                                              |                    |         |  |  |                           |                     | Amount In                                          |         |                                                                       |  |
|                                              |                    |         |  |  |                           |                     | Twenty Nine Thousand Three Hundred Eighty Rupees O |         |                                                                       |  |
| Total                                        |                    |         |  |  | 29,380.00                 |                     | Words                                              |         | nly                                                                   |  |
| Payment Details PUNJAB NATIONAL BANK         |                    |         |  |  | FOR USE IN RECEIVING BANK |                     |                                                    |         |                                                                       |  |
| Cheque-DD Details                            |                    |         |  |  | Bank CIN                  |                     | Ref. No.                                           |         | 03006172026092601025 5286474399                                       |  |
| Cheque/DD No.                                |                    |         |  |  | Bank Date                 |                     | RBI Date                                           |         | 26/09/2026-17:22:55 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. :

XXXXXX1989

**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.