



CHALLAN
MTR Form Number-6



GRN	MH011142610202627E	BARCODE			Date	30/09/2026-13:41:52		Form ID	6(1)					
Department Inspector General Of Registration					Payer Details									
Stamp Duty and Registration Fee together Type of Payment Registration Fee					TAX ID / TAN (If Any)									
					PAN No.(If Applicable)		LXRXXXXXXF							
Office Name HVL3_HAVELI 3 JOINT SUB REGISTRAR					Full Name		DINESHSINGH RAVICHANDRA KACHAVE							
Location PUNE														
Year 2026-2027 One Time					Flat/Block No.		FLAT NO 304 3RD FLOOR UJWAL TOWER SR							
Account Head Details				Amount In Rs.	Premises/Building		NO 24/8 PART 24/8/13 24/8/14 AND 24/8/17							
0030046401 Stamp Duty				9140.00	Road/Street		DHANORI NEAR BAPAT MULTI-SPECIALITY HOSPITAL PUNE MAHARASHTRA							
0030063301 Registration Fee				15000.00	Area/Locality		PUNE							
					Town/City/District									
					PIN			4	1	1	0	1	5	
					Remarks (If Any)									
					PAN2=AAACP3682N~SecondPartyName=PNB HOUSING FINANCE									
					LTD~CA=3045000									
					Amount In		Twenty Four Thousand One Hundred Forty Rupees Only							
Total				24,140.00	Words									
Payment Details PUNJAB NATIONAL BANK					FOR USE IN RECEIVING BANK									
Cheque-DD Details					Bank CIN		Ref. No.		03006172026093000904			5287105914		
Cheque/DD No.					Bank Date		RBI Date		30/09/2026-13:43:26			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. :

XXXXXX9508

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 दस्तांसाठी लागू आहे . नोंदणी न करावयाच्या दस्तांसाठी सदर चलन लागू नाही .