



CHALLAN  
MTR Form Number-6



|                                                          |                    |         |  |               |                                                                                      |                              |                                        |         |      |                       |   |   |   |
|----------------------------------------------------------|--------------------|---------|--|---------------|--------------------------------------------------------------------------------------|------------------------------|----------------------------------------|---------|------|-----------------------|---|---|---|
| GRN                                                      | MH016986079202526E | BARCODE |  |               | Date                                                                                 | 11/02/2026-20:12:52          |                                        | 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 HVL10_HAVELI 10 JOINT SUB REGISTRAR          |                    |         |  |               | Full Name                                                                            |                              | Johnson Joseph Kandul                  |         |      |                       |   |   |   |
| Location PUNE                                            |                    |         |  |               |                                                                                      |                              |                                        |         |      |                       |   |   |   |
| Year 2025-2026 One Time                                  |                    |         |  |               | Flat/Block No.                                                                       |                              | S No 49/10/3,Kawde Mala ,BH Laxminivas |         |      |                       |   |   |   |
| Account Head Details                                     |                    |         |  | Amount In Rs. | Premises/Building                                                                    |                              |                                        |         |      |                       |   |   |   |
| 0030063301 Registration Fee                              |                    |         |  | 15000.00      | Road/Street                                                                          |                              | Mundhva                                |         |      |                       |   |   |   |
|                                                          |                    |         |  |               | Area/Locality                                                                        |                              | PUNE                                   |         |      |                       |   |   |   |
|                                                          |                    |         |  |               | Town/City/District                                                                   |                              |                                        |         |      |                       |   |   |   |
|                                                          |                    |         |  |               | PIN                                                                                  |                              |                                        | 4       | 1    | 1                     | 0 | 3 | 6 |
|                                                          |                    |         |  |               | Remarks (If Any)<br>SecondPartyName=ICICI HOME FINANCE COMPANY<br>LIMITED~CA=5673150 |                              |                                        |         |      |                       |   |   |   |
|                                                          |                    |         |  |               |                                                                                      |                              |                                        |         |      |                       |   |   |   |
|                                                          |                    |         |  |               |                                                                                      |                              |                                        |         |      |                       |   |   |   |
|                                                          |                    |         |  |               |                                                                                      |                              |                                        |         |      |                       |   |   |   |
|                                                          |                    |         |  |               |                                                                                      |                              |                                        |         |      |                       |   |   |   |
|                                                          |                    |         |  |               | Amount In                                                                            | Fifteen Thousand Rupees Only |                                        |         |      |                       |   |   |   |
| Total                                                    |                    |         |  | 15,000.00     | Words                                                                                |                              |                                        |         |      |                       |   |   |   |
| Payment Details                                          |                    |         |  |               | FOR USE IN RECEIVING BANK                                                            |                              |                                        |         |      |                       |   |   |   |
| Cheque-DD Details                                        |                    |         |  |               | Bank CIN                                                                             | Ref. No.                     | 69103332026021210041                   |         |      | 768748133             |   |   |   |
| Cheque/DD No.                                            |                    |         |  |               | Bank Date                                                                            | RBI Date                     | 11/02/2026-20:13:52                    |         |      | Not Verified with RBI |   |   |   |
| Name of Bank                                             |                    |         |  |               | Bank-Branch                                                                          |                              |                                        |         |      |                       |   |   |   |
| Name of Branch                                           |                    |         |  |               | Scroll No. , Date                                                                    |                              | Not Verified with Scroll               |         |      |                       |   |   |   |

Department ID :

Mobile No. :

XXXXXX5052

**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.