



CHALLAN
MTR Form Number-6



GRN	MH016150569202526E	BARCODE			Date	29/01/2026-16:04:48		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 HVL1_HAVELI NO1 SUB REGISTRAR					Full Name		Gajanan Shankar Shindhe					
Location PUNE												
Year 2025-2026 One Time					Flat/Block No.		Shivdatta Medical and General Stores					
Account Head Details				Amount In Rs.		Premises/Building						
0030063301 Registration Fee				7500.00		Road/Street		Vaiduwadi Hadapsar near Vidhya Petrol pump				
						Area/Locality		PUNE				
						Town/City/District						
						PIN		4 1 1 0 1 3				
						Remarks (If Any) SecondPartyName=ICICI HOME FINANCE COMPANY LIMITED~CA=1500000						
						Amount In		Seven Thousand Five Hundred Rupees Only				
Total				7,500.00		Words						
Payment Details					FOR USE IN RECEIVING BANK							
Cheque-DD Details					Bank CIN		Ref. No.		69103332026012913721		768098333	
Cheque/DD No.					Bank Date		RBI Date		29/01/2026-16:06:06		Not Verified with RBI	
Name of Bank					Bank-Branch							
Name of Branch					Scroll No. , Date			Not Verified with Scroll				

Department ID :

Mobile No. :

XXXXXX4848

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.