CHALLAN
MTR Form Number-6

GRN	MH011720591202627E	**BARCODE**		**Date**	09/10/2026-17:43:35	**Form ID**	6(1)

Department	Inspector General Of Registration	**Payer Details**	
Type of Payment	Stamp Duty and Registration Fee together Registration Fee	**TAX ID / TAN (If Any)**	
		PAN No.(If Applicable)	DDPXXXXXXM
Office Name	CSN1 _HQR SUB REGI CH SAMBHAJINAGAR	**Full Name**	NANDKISHOR BABURAO SHINDE
Location	CHHATRAPATI SAMBHAJINAGAR		
Year	2026-2027 One Time	**Flat/Block No.**	PLOT NO B 65 GUT NO 58/P ANANDAM MOUJE
		Premises/Building	WADGAON KOLHATI
		Road/Street	DIST AURANGABAD MAHARASHTRA
		Area/Locality	AURANGABAD
		Town/City/District	
		PIN	4 3 1 0 0 1

Account Head Details	**Amount In Rs.**
0030046401 Stamp Duty	5900.00
0030063301 Registration Fee	9830.00
Total	15,730.00

Remarks (If Any)

PAN2=AAACP3682N~SecondPartyName=PNB HOUSING FINANCE LTD~CA=1963500

Amount In Words: Fifteen Thousand Seven Hundred Thirty Rupees Only

Payment Details	PUNJAB NATIONAL BANK	**FOR USE IN RECEIVING BANK**	
Cheque-DD Details		Bank CIN	Ref. No. 03006172026100901163 5289152341
Cheque/DD No.		Bank Date	RBI Date 09/10/2026-17:46:44 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. : XXXXXX3765

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.

Print Date 09-10-2026 05:46:47