



16/07/2019

सूची क्र.2

दुय्यम निबंधक : सह. दु.नि. कल्याण 2

दस्त नं मांक : 9964/2019

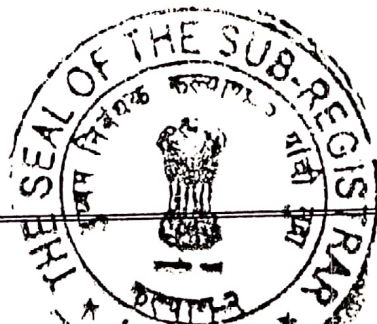
नोंदणी :

Regn.63m

गावाचे नाव : गौरीपाडा

(1) विलेखाचा प्रकार	करारनामा
(2) मोबदला	4500000
(3) बाजारभाव (भाडेपट्ट्याच्या बाबतितपट्टाकार आकारणी देतो की पट्टेदार ते नमुद करावे)	4085000
(4) भू-मापन, पोटहिस्सा व घरक्रमांक (असल्यास)	1) पालिकेचे नाव: कल्याण-डोंबिवली इतर वर्णन ; इतर माहिती: मीजे गौरीपाडा सर्व्हे नं 34/1 हिस्सा नं 1/11, या मिळकतीवर सावळाराम सृष्टी मध्ये सदरिका नं. 1302 तेरावा मजला विंग सी क्षेत्र 47.86 चौ मिटर कारपेट + सी बी/ई पी एरिया 4.09 चौ मिटर + 6.14 चौ मिटर ओपेन टेरेस ((Survey Number : सर्व्हे नं 34/1 हिस्सा नं 1/11 ;))
(5) क्षेत्रफळ	1) 58.09 चौ.मीटर
(6) आकारणी किंवा जुडी देण्यात असेल तेव्हा.	
(7) दस्तऐवज करून देणा-या/लिहून ठेवणा-या पक्षकाराचे नाव किंवा दिवाणी न्यायालयाचा हुकुमनामा किंवा आदेश असल्यास, प्रतिवादिचे नाव व पत्ता.	1): नाव:-मे. श्री साई बिल्डर्स अॅन्ड डेव्हलपर्स भागीदारी संस्था तर्फे भागीदार निलेश सुरेश केणे यांच्या वतीने कबुलीजबाबा करिता निकेश सुरेश केणे वय:-25; पत्ता:-प्लॉट नं:-, माळा नं:-, इमारतीचे नाव: 101 पहिला मजला सावळाराम सृष्टी केणे कॉम्प्लेक्स जवळ न्यू आर टी ओ रोड कल्याण वेस्ट, ब्लॉक नं:-, रोड नं:-, महाराष्ट्र, ठाणे. पिन कोड:-421301 पॅन नं:-ABHFS6662A
(8) दस्तऐवज करून घेणा-या पक्षकाराचे व किंवा दिवाणी न्यायालयाचा हुकुमनामा किंवा आदेश असल्यास, प्रतिवादिचे नाव व पत्ता	1): नाव:-सुनिल शंकर कामथे वय:-42; पत्ता:-प्लॉट नं:-, माळा नं:-, इमारतीचे नाव: फ-104 चिंतामणी को-ओप हौसिंग सोसायटी सावळाराम सृष्टी न्यू आर टी ओ रोड जवळ कल्याण वेस्ट, ब्लॉक नं:-, रोड नं:-, महाराष्ट्र, ठाणे. पिन कोड:-421301 पॅन नं:-ATEPK3261C 2): नाव:-नयना सुनिल कामथे वय:-36; पत्ता:-प्लॉट नं:-, माळा नं:-, इमारतीचे नाव: फ-104 चिंतामणी को-ओप हौसिंग सोसायटी सावळाराम सृष्टी न्यू आर टी ओ रोड जवळ कल्याण वेस्ट, ब्लॉक नं:-, रोड नं:-, महाराष्ट्र, ठाणे. पिन कोड:-421301 पॅन नं:-ABQPY2135B
(9) दस्तऐवज करून दिल्याचा दिनांक	16/07/2019
(10) दस्त नोंदणी केल्याचा दिनांक	16/07/2019
(11) अनुक्रमांक, खंड व पृष्ठ	9964/2019
(12) बाजारभावाप्रमाणे मुद्रांक शुल्क	270000
(13) बाजारभावाप्रमाणे नोंदणी शुल्क	30000
(14) शेर	

मुल्यांकनासाठी विचारात घेतलेला
तपशील:-

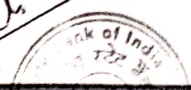


सह. दुय्यम निबंधक वर्ग-
कल्याण क्र.

FORM-A (PERSONAL DETAILS)

APPLICANT **CO-APPLICANT** **GUARANTOR**

B. V. Patil



Name **SUNIL SHANKAR KAMATHE** Gender M F

Salutation Mr Mrs Ms Dr Other _____ Date of Birth **12-05-1977**

Marital Status Married Unmarried Other _____ Name of Spouse **NAYANA KAMATHE**

No. of Dependents **03** No. of Children **02** Name of Father **SHANKAR KAMATHE**

Mother's Maiden Name **SHANKAR / LALITA** Category SC ST OBC General

Nationality **INDIAN** Residential Status Resident NRI/PIO Religion **HINDU**

Place of Birth **Kalyan** Photo Identification (ID) : Type **PANCHAJID**

Photo Identification (ID) : Number **ATEPR3261C** Photo ID: Valid Upto _____

Driving Licence No. _____ Driving Licence Valid Upto _____

PAN No./GIR No. **ATEPR3261C** Passport No. _____ Passport Valid Upto _____

Highest Qualification Attained **ITI NCTVT** Qualifying Year **1999**



Kamathe

Present Address: Staying at the present address for the past **01** Years and _____ Months. **Residential Address**

House /Flat / Apartment No. or Name **BELAT NO 104 F NING SAWLARAN SARUSTICOMPL**

Street Name & No. and Area/Location **NEAR RTO KALYAN WEST**

Landmark **RTO IKONI PLAZA**

City **KALYAN** District **THANE** Pin Code **421301**

State **MAHARASHTRA** Country **INDIA**

Telephone (Landline) _____ Mobile (Primary) **9833400240** Mobile (Secondary) **9320904705**

Email (Personal) _____

Permanent Address: Is permanent address same as present address Yes No (To be filled if permanent address is different from present address)

House /Flat / Apartment No. or Name _____

Street Name & No. and Area/Location _____

Landmark _____

City _____ District _____ Pin Code _____

State _____ Country _____

Telephone (Landline 1) _____ Telephone (Landline 2) _____

Office / Business Address: **Office / Business Address**

Name of Org/Employer, Dept, & Floor **BHARAT SERUMS AND VACCINES LTD RLB NO. K-2 F**

Street Name & No. and Area/Location **ANAND NAGAR MIDC AMBARNATH EAST**

Landmark _____

City **AMBARNATH EAST** District **THANE** Pin Code **421501**

State **MAHARASHTRA** Country **INDIA**

Telephone (Landline) _____ Fax _____ Mobile (Secondary) _____

Email (Organizational) _____

Repayment Mode Check-off ECS (Electronic Clearing System) PDCs (Post Dated Cheques) SI (Standing Instruction) Others

Relationship with the Bank Less than 1 year 1-3 years More than 3 years

References (Names and addresses of two referees who are not related to you):

State Bank of India may make enquiries from the referees if it deems necessary.	Name: Vishal Veer	Name: Ram Chandan Patil
	Address: Vishal nagari Amrai Vijay Nagar Kalyan (East)	Address: Baellapur (East) Flat No. 303 Vikas Apt Badapur (E)
	Email: _____	Email: _____
	Tel: _____ Mob: 8356967675	Tel: _____ Mob: 7021379364

FORM-A (PERSONAL DETAILS) **APPLICANT** **CO-APPLICANT** **GUARANTEE**

Blom
Bank of India
172

Name NAYANA ISUNIL KAMATH Gender M
 Salutation Ms Date of Birth 12/06/1983
 Marital Status Married Name of Spouse SUNIL KAMATH
 No. of Dependents No. of Children 02 Name of Father ANANT YADAV
 Mother's Maiden Name BARUNSI YADAV Category SC ST OBC General
 Nationality INDIAN Residential Status Resident NRI/PIO Religion HINDU
 Place of Birth TUMKUR Photo Identification (ID): Type PAN CARD
 Photo Identification (ID): Number ABKPY2135B Photo ID: Valid Upto _____
 Driving Licence No. _____ Driving Licence Valid Upto _____
 PAN No./GIR No. ABKPY2135B Passport No. _____ Passport Valid Upto _____
 Highest Qualification Attained B.Com Qualifying Year 2013



N Kamath

Present Address: Staying at the present address for the past 01 Years and _____ Months. **Residential Address**

House / Flat / Apartment No. or Name FLAT NO 1104 WING - F SHWALPAM SARVISHTI
 Street Name & No. and Area/Location NEAR RTD OFFICE
 Landmark _____
 City KALYAN WEST District THANE Pin Code 421301
 State MAHARASHTRA Country INDIA
 Telephone (Landline) _____ Mobile (Primary) 932036455 Mobile (Secondary) _____
 Email (Personal) _____

Permanent Address: Is permanent address same as present address? Yes No (To be filled if permanent address is different from present address)

House / Flat / Apartment No. or Name _____
 Street Name & No. and Area/Location _____
 Landmark _____
 City _____ District _____ Pin Code _____
 State _____ Country _____
 Telephone (Landline 1) _____ Telephone (Landline 2) _____

Office / Business Address: **Office / Business Address**

Name of Org/Employer, Dept. & Floor _____
 Street Name & No. and Area/Location _____
 Landmark _____
 City _____ District _____ Pin Code _____
 State _____ Country _____
 Telephone (Landline) _____ Fax _____ Mobile (Secondary) _____
 Email (Organizational) _____

Repayment Mode Check-off ECS (Electronic Clearing System) PDCs (Post Dated Cheques) SI (Standing Instruction) Others

Relationship with the Bank Less than 1 year 1 - 3 years More than 3 years

References (Names and addresses of two referees who are not related to you):

State Bank of India may make enquiries from the referees if it deems necessary.	Name: <u>Vishal Veer</u>	Name: <u>Ramchandra Patil</u>
	Address: <u>Vishal Nagar, Aurai, Vijay Nagar, Kaljan (E)</u>	Address: <u>Flat No: 303 Vikas App, Badlapur (E)</u>
	Email: _____	Email: _____
	Tel: _____ Mob: <u>8356967679</u>	Tel: _____ Mob: <u>7021329364</u>