



CHALLAN  
MTR Form Number-6



GRN	MH018301237 202324M	BARCODE	Date 28/03/2024-12:56:24		Form ID 25.2
Department	Inspector General Of Registration		Payer Details		
Type of Payment	Stamp Duty Registration Fee		TAX ID / TAN (If Any)		
Office Name	BBE3_JT SUB REGISTRAR MUMBAI CITY 3		PAN No.(If Applicable)	BBTPK8228B	
Location	MUMBAI		Full Name	VAISHALI ABHIJIT NIKAM	
Year	2023-2024 One Time		Flat/Block No.	Flat No.1101, 11th Floor, C-Wing, Shivkoliwada	
Account Head Details		Amount In Rs.	Premises/Building	Co-op. Housing Society Ltd	
0030045501	Stamp Duty	647000.00	Road/Street	Plot No.C.S.No.6 (Part), Sion Division, Sion Bhandarwada Road No.28, Scheme No.6, Sion	
0030063301	Registration Fee	30000.00	Area/Locality	Kowwada	
			Town/City/District	MUMBAI	
			PIN	4	0 0 0 2 2
			Remarks (If Any)	PAN2=BNDPM9934Q~SecondPartyName=SHASHIKANT BALARAM MHATRE~	
			Amount In Words	Six Lakh Seventy Seven Thousand Rupees Only	
Total		6,77,000.00			
Payment Details	STATE BANK OF INDIA		FOR USE IN RECEIVING BANK		
Cheque/DD Details			Bank CIN	Ref. No.	CPADRCTDE5
Cheque/DD No.			Bank Date	RBI Date	Not Verified with RBI
Name of Bank			Bank-Branch	STATE BANK OF INDIA	
Name of Branch			Scroll No. , Date		

Department ID :

Mobile No. : 0000000000

**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.

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State Bank Collect

Pre Acknowledgment Payment (PAP) Form for Payment through any SBI Branch

Branch Copy

Branch Teller: Use SCR 008765 Deposit >Fee Collection>State Bank Collect

Beneficiary/Remittance Details		Mode of Payment	Cash	Cheque/DD
State Bank MOPS Reference No. :	<b>CPADRCTDE5</b>	Cash Notes	Amount Rs	Paise
Beneficiary	<b>MAHARASHTRA GOVT (GRAS)</b>	2000 x		
GRN	<b>MH018301237202324M</b>	500 x		
Full Name	VAISHALI ABHIJIT NIKAM	200 x		
Amount	<b>6,77,000 Six Lakh Seventy Seven Thousand Rupees O</b>	100 x		
nly		50 x		
Cheque/DD No.		20 x		
Cheque/DD Date		10 x		
Drawee Bank				
Drawee Branch				
		Total Rs		

Branch Stamp

Signature of Depositor