CHALLAN

MTR Form Number-6

GRN	MH000433353201617E	BARCODE		Date	21/04/2016-15:57:49	Form ID	
Department	Inspector General Of Registration			Payer Details			
Type of Payment	Search Fee			TAX ID (If Any)			
	Other Items			PAN No. (If Applicable)			
Office Name	ARB3_AURANGABAD 3 JT SUB REGISTRAR			Full Name	Adv Ganesh Shinde		
Location	AURANGABAD						
Year	2016-2017 One Time			Flat/Block No.			
Account Head Details		Amount In Rs.		Premises/Building			
0030072201 SEARCH FEE		325.00		Road/Street			
				Area/Locality	Aurangabad		
				Town/City/District			
				PIN			
				Remarks (If Any)	Akshad Nagar Gut No 53 Shendra Jaha ngir Tq Dist Aurangabad		
Total		325.00		Amount In Words	Three Hundred Twenty Five Rupees Only		
Payment Details	STATE BANK OF INDIA			FOR USE IN RECEIVING BANK			
Cheque-DD Details				Bank CIN	REF No.	00040572016042161291	IKB0214174
Cheque/DD No				Date	21/04/2016-15:58:45		
Name of Bank				Bank-Branch	STATE BANK OF INDIA		
Name of Branch				Scroll No. , Date	Not Verified with Scroll		

Mobile No. : Not Available