


Tax Invoice cum Acknowledgement receipt of PAN Application (Form 49A)

Tax Invoice cum Acknowledgement Number	N - 079599700000520			Date- 17 Mar 2018
Category	INDIVIDUAL	GSTIN of Applicant	NA	
Applicant's Name	RAMCHET			
Name on Card	RAMCHET			
Father's Name	SOORYVALI			
Date of Birth/ Incorporation	01 Jan 1964	PAN Card dispatch State	UTTAR PRADESH (9)	
Telephone/ Mobile Number	91-9838072911	E-mail ID	BALAJICYBERCAFE786@GMAIL.COM	
Proof of Identity	AADHAAR Card issued by the Unique Identification Authority of India			
Proof of Address	AADHAAR Card issued by the Unique Identification Authority of India			
Proof of DOB	AADHAAR Card issued by the Unique Identification Authority of India			
On behalf of NSDL e-Governance Infrastructure Limited (PAN-Centre Managed by NSDL)		PAN application fee	₹93.00	
Branch ID: 07959		CGST 9%	₹0.00	
Vertex Customer Solutions India Private Limited		SGST 9%	₹0.00	
S DIGITAL POINT SHOP NO 10 OPP ISLAMIYA SCHOOL BINDWAL AZAMGARH UTTAR PRADESH 276121		IGST 18%	₹16.74	
		Total(Rounded Off)	₹110.00	
GSTIN:27AAACN2082N1Z8		CIN: U72900MH1995PLC095642	SAC : 998319	
This is a computer generated receipt and does not require signature.				Online PAAM 1.2

Applicant's Copy

Form No. 49A

Application for Allotment of Permanent Account Number
 [in the case of Indian Citizens/Indian Companies/Entities incorporated in India/
 Unincorporated entities formed in India]

See Rule 114

To avoid mistake (s), please follow the accompanying instructions and examples before filling up the form



Assessing officer (AO code)

Area code	AO type	Range code	AO No.
L K N	W	2 8	1

21424140
 Signature/Left Thumb Impression

Sir, I/We hereby request that a permanent account number be allotted to me/us.
 I/We give below necessary particulars:

1 Full Name (Full expanded name to be mentioned as appearing in proof of identity/address documents: initials are not permitted)

Please select title, as applicable Shri Smt. Kumari M/s

Last Name / Surname: _____
 First Name: **R A M C H E T**
 Middle Name: _____

2 Abbreviations of the above name, as you would like it, to be printed on the PAN card

R A M C H E T

3 Have you ever been known by any other name? Yes No (please tick as applicable)

If yes, please give that other name

Please select title, as applicable Shri Smt. Kumari M/s

Last Name / Surname: _____
 First Name: _____
 Middle Name: _____

4 Gender (for individual applicants only) Male Female (please tick as applicable)

5 Date of Birth/Incorporation/Agreement/Partnership or Trust Deed/ Formation of Body of individuals or association of Persons

Day: **01** Month: **01** Year: **1964**

6 Details of Parents (applicable only for individual applicants),
Father's Name : (Mandatory, Even married women should fill in father's name only)

Last Name / Surname: _____
 First Name: **S O O R Y V A L I**
 Middle Name: _____

Mother's Name (optional)

Last Name / Surname: _____
 First Name: _____
 Middle Name: _____

Select the name of either father or mother which you may like to be printed on PAN card (select one only)
 (In case no option is provided then PAN card will be Issued with father's name)

Father's name Mother's Name (Please tick as applicable)

7 Address

Residence Address

Flat / Room / Door / Block No. **75**
 Name of Premises / Building / Village **D U L L A H P U R**
 Road / Street / Lane/Post Office **M A H A R A J P U R**
 Area / Locality / Taluka/ Sub- Division **S A G A R I**
 Town / City / District **A Z A M G A R H**

State / Union Territory: _____ Pincode / Zip code: **U.P. 276001** Country Name: **INDIA**

Office Address

Name of office: _____
 Flat / Room / Door / Block No. _____
 Name of Premises / Building / Village _____
 Road / Street / Lane/Post Office _____
 Area / Locality / Taluka/ Sub- Division _____
 Town / City / District _____

State / Union Territory: _____ Pincode / Zip code: _____ Country Name: _____

9 Telephone Number & Email ID details

Country code: Area/STD Code: Telephone / Mobile number:

Email ID:

10 Status of applicant

Please select status, as applicable

Individual Hindu undivided family Company Partnership Firm Government
 Trusts Body of Individuals Local Authority Artificial Juridical Persons Association of Persons
 Limited Liability Partnership

11 Registration Number (for company, firms, LLPs etc.)

12 In Case of a person, who is required to quote Aadhaar number/The Enrolment ID of Aadhaar application form as per section 139AA

Please mention your AADHAAR number (if allotted)

If AADHAAR number is not allotted, please mention the enrolment ID of Aadhaar application form

Name as per AADHAAR letter/card or as per the Enrolment ID of Aadhaar application form

13 Source of Income

Salary Capital Gains
 Income from Business / Profession Business/Profession code [For Code: Refer instructions] Income from Other sources
 Income from House property No income

14 Representative Assessee (RA)

Full name, address of the Representative Assessee, who is assessable under the Income Tax Act in respect of the person, whose particulars have been given in the column 1-13.

Full Name (Full expanded name : initials are not permitted)

Please select title, as applicable Shri Smt. Kumari M/s

Last Name / Surname:

First Name:

Middle Name:

Address

Flat / Room / Door / Block No.:

Name of Premises / Building / Village:

Road / Street / Lane/Post Office:

Area / Locality / Taluka/ Sub- Division:

Town / City / District:

State / Union Territory: Pincode:

15 Documents submitted as Proof of Identity (POI), Proof of Address (POA) and Proof of Date of Birth (DOB)

I/We have enclosed as proof of identity, as proof of address and as proof of date of birth.

[Please refer to the instructions (as specified in Rule 114 of I.T. Rules, 1962) for list of mandatory certified documents to be submitted as applicable]
 [Annexure A, Annexure B & Annexure C are to be used wherever applicable]

16 I/We , the applicant, in the capacity of

do hereby declare that what is stated above is true to the best of my/our information and belief.

Place:

Date:

Signature / Left Thumb Impression of Applicant (inside the box)



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
आत्मज: सूर्यवली, ग्राम दुल्लहपार,
पोस्ट महाराजपुर, महाराजपुर,
आजमगढ़, महाराज पुर, उत्तर प्रदेश,
276001

Address:
S/O: Sooryvali, VIII DULLAHPAR,
Post MAHARAJPUR, Maharajpur,
Azamgarh, Maharaj Pur, Uttar
Pradesh, 276001

4968 5153 1667

1947
1800 300 1947

help@uidai.gov.in

www
www.uidai.gov.in



भारत सरकार
Government of India
रामचेत
Ramchet
जन्म तिथि / DOB : 01/01/1964
पुरुष / Male



4968 5153 1667

आधार - आम आदमी का अधिकार