


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

Tax Invoice cum Acknowledgement Number	N - 078539700000296				Date- 16 Feb 2018
Category	INDIVIDUAL	GSTIN of Applicant	NA		
Applicant's Name	GAUTAM CHAUHAN				
Name on Card	GAUTAM CHAUHAN				
Father's Name	SHER SINGH				
Date of Birth/ Incorporation	06 Jun 1994	PAN Card dispatch State	UTTAR PRADESH (9)		
Telephone/ Mobile Number	91-969078536	E-mail ID	PAPPU@MUMBAI@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: 07853		CGST 9%		₹0.00	
Vertex Customer Solutions India Private Limited		SGST 9%		₹0.00	
DIGITAL BUDDY INTERNET POINT H NO295, VILL LANKRI NEAR PRIMARY S LANKRI, PO-LANKRI FAZALPUR MORADABAD UTTAR PRADESH 244001		IGST 18%		₹16.74	
		Total(Rounded Off)		₹110.00	
GSTIN:27AAACN2082N128		CIN: U72900MH1995PLC095642		SAC : 998319	
This is a computer generated receipt and does not require signature.					
Online PAAM 1.2					

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

Month

Year

01

07

1997

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

Middle Name

SINGH

RAJENDRA

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.

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

11ND27

LANKRI FAZALPUR

LANKRI

MORADABAD

U.P.

244001

INDIA

INCOME-TAX RULES, 1962

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



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Assessing officer (AO code)

Area code	AO type	Range code	AO No.
L K N W		7 1	1

Sign / Left Thumb impression across this photo

३१२२

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/date of birth/address documents: initials are not permitted)

Please select title, as applicable

Shri Smt. Kumari M/s

Last Name / Surname

S I N G H

First Name

R A K E S H

Middle Name

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

R A K E S H S I N G H

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: 07 Year: 1997

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

S I N G H

First Name

R A J E N D R A

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.

11 ND 27

Name of Premises / Building / Village

LANKRI FAZALPUR

Road / Street / Lane/Post Office

LANKRI

Area / Locality / Taluka/ Sub- Division

Town / City / District

MORADABAD

State / Union Territory

Pincode / Zip code

Country Name

U.P. 244001 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

8 Address for Communication Residence Office (Please tick as applicable)

9 Telephone Number & Email ID details

Country code Area/STD Code Telephone / Mobile number

0 9 1 8 9 9 0 x x x x 1 9

Email ID XYZ@gmail.com

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 or the Enrolment ID of Aadhaar application form as per section 139AA,-

Please mention your AADHAAR number (if allotted): 7 6 8 4 x x x x 3 7 8 0

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

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

RAKESH SINGH

13 Source of Income

Please select, as applicable

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 (POB)

I/We have enclosed ADHAR CARD as proof of identity, ADHAR CARD as proof of address and ADHAR CARD 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]

16 I/We RAKESH SINGH, the applicant, in the capacity of MYSELF

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

Place: MORADABAD

Date: 1 0 0 2 2 0 1 8

9
राकेश

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



Government Of India



Unique Identification Authority Of India

AADHAAR CARD

Name

xx x xxx

D B /

xx xxx

Address

xx xxx

xx xxx

xx xxx

xx xxx

xx xxx

xxx xxxxx xxxxx



xxx xxxxx xxxxx



Aadhaar - Aam Aadmi ka Adhikar

1800 309 902

help@uidai.gov.in

www.uidai.gov.in