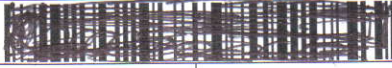


# For PAN purpose only

Copy to be kept with application

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

<b>Tax Invoice cum Acknowledgement Number</b>	P - 3		Date- 28 Jul 2023
<b>Category</b>	INDIVIDUAL	<b>GSTIN of Applicant</b>	NA
<b>Applicant's Name</b>			
<b>Name on Card</b>	A		
<b>Father's Name</b>			
<b>Mother's Name</b>	Not mentioned		
<b>Date of Birth/ Incorporation</b>		<b>Communication Address State</b>	MAHARASHTRA (27)
<b>Telephone/ Mobile Number</b>	91-	<b>E-mail ID</b>	
<b>Proof of Identity</b>	AADHAAR Card issued by the Unique Identification Authority of India		
<b>Proof of Address</b>	AADHAAR Card issued by the Unique Identification Authority of India		
<b>Proof of DOB</b>	AADHAAR Card issued by the Unique Identification Authority of India		
On behalf of Protean eGov Technologies Limited (formerly NSDL e-Governance Infrastructure Limited) PAN Centre Managed by Protean.		<b>PAN application fee</b>	₹91.00
		<b>SGST 9%</b>	₹8.19
		<b>CGST 9%</b>	₹8.19
		<b>IGST 18%</b>	₹0.00
		<b>Total(Rounded Off)</b>	<b>₹107.00</b>
<b>GSTIN:27AAACN2082N1Z8</b>	<b>CIN: U72900MH1995PLC095642</b>	<b>SAC : 998319</b>	
This is a computer generated receipt and does not require signature.			Online PAAM 1.2

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

Only  
'Individuals'  
to affix recent  
photograph  
(3.5 cm x  
2.5 cm)

Only  
'Individuals'  
to affix recent  
photograph  
(3.5 cm x  
2.5 cm)

Assessing officer (AO code)

Area code	AO type	Range code	AO No.

Sign / Left Thumb impression  
across this photo

Signature / Left Thumb Impression

# For PAN purpose only

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

First Name

Middle Name

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

**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  Transgender (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

**6 Details of Parents (applicable only for individual applicants)**

Whether mother is a single parent and you wish to apply for PAN by furnishing the name of your mother only?

Yes  No (please tick as applicable)

If yes, please fill in mother's name in the appropriate space provide below.

**Father's Name (Mandatory except where mother is a single parent and PAN is applied by furnishing the name of mother only)**

Last Name / Surname

First Name

Middle Name

**Mother's Name (optional except where mother is a single parent and PAN is applied by furnishing the name of mother only)**

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)

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

(In case no option is provided then PAN card will be issued with father's name except where mother is a single parent and you wish to apply for PAN by furnishing name of the mother only).

**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

# For PAN purpose only

## 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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email ID 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

## 10 Status of applicant

Please select status,  as applicable

- |                                     |   |  |   |  |
|-------------------------------------|---|--|---|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Hindu undivided family | <input type="checkbox"/> Company         | <input type="checkbox"/> Partnership Firm             | <input type="checkbox"/> Government                    |
| <input type="checkbox"/> Trusts     | <input type="checkbox"/> Body of Individuals    | <input type="checkbox"/> Local Authority | <input type="checkbox"/> Artificial Juridical Persons | <input type="checkbox"/> Association of Persons        |
|                                     |   |  |   | <input type="checkbox"/> 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 139 AA

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 or card or as per the Enrolment ID of Aadhaar application form


## 13 Source of Income

Please select,  as applicable

- |  |   |  |  |  |
|--|---|--|--|--|
| <input type="checkbox"/> Salary                            | <input type="checkbox"/> Capital Gains  |  |  |  |
| <input type="checkbox"/> Income from Business / Profession | Business/Profession code <table border="1"><tr><td></td><td></td></tr></table> [For Code: Refer instructions] |  |  | <input type="checkbox"/> Income from Other sources |
|  |   |  |  |  |
| <input type="checkbox"/> Income from House property        | <input type="checkbox"/> 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 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 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.

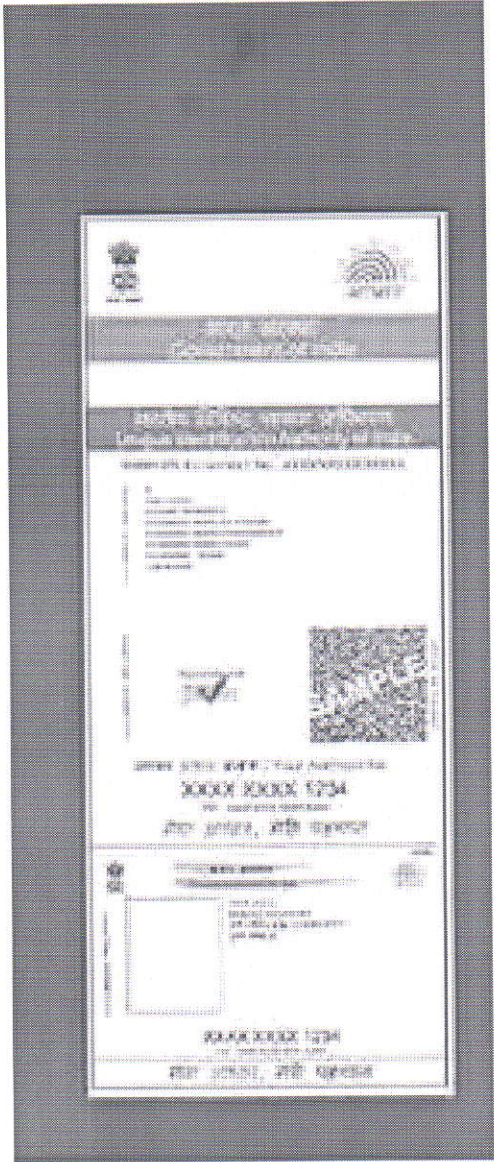
Place : 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date : 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--


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



For PAN purpose only