Tax Invoice cum Acknowledgement	N - 255369700312005			Dat	e- 14 Jan 2021			
Category	INDIVIDUAL		GSTIN of Applicant	NA				
Applicant's Name	USHA							
Name on Card	USHA	Mill of the	3-1		1 1 9			
Father's Name	LAGANDEV PRASAD	TEE - to						
Mother's Name	Not mentioned							
Date of Birth/	26 Feb 1977	Communic	ation Address State	DELHI (7)				
Telephone/ Mobile	91-8383051369	E-mail ID	-	(
Proof of Identity	AADHAAR Card issued by the Unique Idea	ntification Authority of I	ndia	10				
Proof of Address	AADHAAR Card issued by the Unique Idea	ntification Authority of J	rdia ()					
Proof of DOB	AADHAAR Card issued by the Unique Idea	ntification Authority of I	ndia					
On behalf of NSDL e-Governance	Infrastructure Limited (PAN-Centre Managed by NSDL)	10	PAN application	fee	₹91.00			
Branch ID: 25536 Religare Broking Limited			SGST 9%		₹0.00			
	autam Buddha Nagar Adjacent to HDFC Bank No	oida LITTAD	CGST 9%		₹0.00			
PRADESH 201301	Main Eddona ragar Adjacon to Fibr o Bank re	oida o i iAN	IGST 18%		₹16.38			
			Total(Rounded C	Off)	₹107.00			
GSTIN:27AAACN2082N1Z8		CIN: U72900MI	CIN: U72900MH1995PLC095642 SAC : 99					



DEUTZ

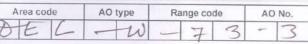
Form No. 49A

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)





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 Smt. Kumari M/s Last Name / Surname USHA 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? L No Yes (please tick as applicable) If yes, please give that other name Please select title, 🗸 as applicable Kumari M/s Last Name / Surname First Name Middle Name 4 Gender (for Individual applicants only) Male L 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 26 02 1977 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 | L 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) PRASADEV 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) 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 GOVT Road / Street / Lane/Post Office RESIDENTIAL COMPLE Area / Locality / Taluka/ Sub- Division Town / City / District State / Union Territory

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	Name of office																					
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	Please select status, 🗸 as applicable																					
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