

**Copy to be retained****Tax Invoice cum Acknowledgement receipt of TAN Application (Form 49B)**

Name of the Applicant	PARAS BALANA	GSTIN of Applicant	
		NA	
Tax Invoice cum Acknowledgement number	Category of Applicant		TAN allotment letter dispatched state
79016470000856	Individual/Hindu Undivided Family(Karta)		RAJASTHAN (08)
Date of application	STD Code	Phone No	TAN application fee (₹) 55.00
25 April 2022	91	8769086857	CGST @ 9% -
			SGST @ 9% -
Email Id	SUNNYSBNR28@GMAIL.COM		IGST @ 18% (₹) 9.90
			Total (Rounded Off) (₹) 65.00
On behalf of NSDL e-Governance Infrastructure Limited (CIN U72900MH1995PLC095642), (GSTIN: 27AAACN2082N1Z8), (TIN-FC Managed by NSDL e-Gov) (SAC: 998319) TIN-FC ID: 79016 Religare Broking Limited Suditi Tania And Association Having Office At 1081 Aggarsain Nagar, Back Side City Hospital Sriganganagar - 335001 RAJASTHAN			
For queries and information please contact: PAN/TDS Call Centre: (91)(020)27218080. Fax: (91)(020)27218081 5th Floor, Mantri Sterling, Plot No. 341 Survey No. 997/8, Model Colony, Near Deep Bunglow chowk, Pune- 411016 Email: tininfo@nsdl.co.in You may track the status of your application using 14 digit Acknowledgment No. on our website www.tin-nsdl.com or by using SMS facility- Type 'NSDLTAN' <space> 14 digit Acknowledgment No. and send it to 57575 This is a computer generated Receipt and does not require signature.			SAM 1.00

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FORM NO. 49B

[See section 203A and rules 114A]

Form of application for allotment of tax deduction and collection account number under section 203A of the Income-tax Act, 1961

To,

The Assessing Officer (TDS/TCS)

ITO WARD, SURATGARH ()

Assessing Officer Code (TDS/TCS)	
Area Code	RJN
AO Type	W
Range Code	590
AO Number	05

Sir,

Whereas *I/we *am/are liable to *deduct/collect tax or deduct tax and collect tax in accordance with Chapter XVII under the heading *'B - Deduction at source' or *'BB-Collection at source' of the Income-tax Act, 1961;

And whereas no *tax deduction account number / tax collection account number or tax deduction account number and tax collection account number has been allotted to *me/us;

I/*we give below the necessary particulars:

[Please refer to the instruction before filling up the form]

1. Name (Fill only one of the columns 'a' to 'h' whichever is applicable)

(a) Central / State Government:

Not Applicable

Tick the appropriate entry

Central Government

☐

Local Authority (Central

☐

State Government

☐

Local Authority (State Government)

☐

Name of Office

Name of Organization

Name of Department

Name of Ministry

Designation of person responsible for
*making payment/collecting tax

(b) Statutory / Autonomous Bodies/Local Authorities:

Not Applicable

Tick the appropriate entry

Statutory Body

☐

Autonomous Body

☐

Name of Office

Name of Organization

Designation of person responsible *for
making payment/collecting tax

(c) Company: (See Note 1)

Not Applicable

Tick the appropriate entry

Central Government Company/ Company
established by a Central Act

☐

State Government Company/ Company established by a State Act

☐

Other Company

☐

Title (M/s.) (Tick, if applicable)

☐

Name of Company

Name of Division

Designation of person responsible for
*making payment/collecting tax

(d) Branch/Division of a company:

Not Applicable

Tick the appropriate entry

Central Government Company/ Company
established by a Central Act

☐

State Government Company/ Company established by a State Act

☐

Other Company

☐

Title (M/s.) (Tick, if applicable)

☐

Name of Company

Name of Division

Name / Location of Branch

Designation of person responsible for
*making payment/collecting tax

(e) Individual / Hindu Undivided Family (Karta) (See Note 2)

Tick the appropriate entry

Individual

☒

Hindu undivided family

☐

Smt. ☒Smt. ☐Kumari ☐

Last Name/Surname

B A L A N A

First Name

P A R A S

Middle Name

(f) Branch of individual business (Sole proprietorship concern)/Hindu undivided family (Karta)

Not Applicable

Tick the appropriate entry

Branch of Individual business

☐

Branch of Hindu undivided family

☐

Individual/Hindu undivided family (karta) Title (Tick the appropriate entry for individual)

Shri ☐Smt. ☐Kumari ☐

Last Name/Surname

First Name

Middle Name

Name / Location of branch

(g) Firm/association of persons/association of persons (trusts)/body of individual/artificial judicial Person (See Note 3) Not Applicable

Name

(h) Branch of firm/association of persons/association of persons (trusts)/body of individual/artificial judicial Person Not Applicable

Name of firm/association of persons/association of persons (trusts)/body of individual/ artificial Judicial person.

Name/Location of branch

2. Address:

Flat/Door/Block No.

M / S S I M R A N T R A D I N G C O M P A N Y

Name of Premises/Building/Village

O L D D H A N M A N D I

Road/Street/Lane/Post Office

8 1 A - H - B L O C K

Area/Locality Taluka/sub-Division

S R I B I J E Y N A G A R

Town/City/District

S R I G A N G A N A G A R

State/Union Territory R A J A S T H A N Pin Code 3 3 5 7 0 4

Telephone No.(STD Code & Tel. No.)

8 7 6 9 0 8 6 8 5 7

e-mail ID

(a)

S U N N Y S B N R 2 8 @ G M A I L . C O M

(b)

3. Nationality of Deductor (Tick the appropriate entry)

Indian

☒

Foreign

☐

4. Permanent Account Number (PAN)

C V E P B 4 0 1 0 L

5. Existing Tax Deduction Account Number (TAN), if any

6. Existing Tax Collection Account Number (TCN), if any

7. Date (DD-MM-YYYY)

2 0 0 4 - 2 0 2 2

Signed (Applicant)

Verification

*I / We in *my/our capacity as do hereby declare that what is stated above is true to the best of my/our* knowledge and belief.

Verified today, the 20 - 04 - 2022

Signature/Left Thumb Impression of Applicant