



Copy to be retained

Tax Invoice cum Acknowledgement receipt of TAN Application (Form 49B)

Name of the Applicant	KOMAL SINGH		GSTIN of Applicant	
			NA	
Tax Invoice cum Acknowledgement number		Category of Applicant		TAN allotment letter dispatched state
19165470003971		Individual/Hindu Undivided Family(Karta)		UTTAR PRADESH (09)
Date of application	STD Code	Phone No	TAN application fee (₹) 55.00	
			CGST @ 9% -	
06 May 2022	91	9536409000	SGST @ 9% -	
			IGST @ 18% (₹) 9.90	
Email Id	MOHIT2FAST@GMAIL.COM		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: 19165
Religare Broking Limited
SHOP NO.-2 ASHOKA TOWER
DAMPIER NAGAR
MATHURA - 281001
null

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

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)

Assessing Officer Code (TDS/TCS)	
Area Code	KNP
AO Type	WT
Range Code	24
AO Number	1

1916547003971

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)****Not Applicable**

Tick the appropriate entry

Individual

☐

Hindu undivided family

☐

Last Name/Surname

First Name

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)

Name

B R I J M A N A G E M E N T S E R V I C E S

(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.

K H A T R I D H A R M S A L A , G E N E R A L G A N J

Name of Premises/Building/Village

Road/Street/Lane/Post Office

2 6

Area/Locality Taluka/sub-Division

M A T H U R A

Town/City/District

M A T H U R A M A T H U R A

Pin Code

State/Union Territory U T T A R P R A D E S H 2 8 1 0 0 1

Telephone No.(STD Code & Tel. No.) 9 7 2 0 1 0 8 7 1 7

e-mail ID

(a) C A R A H U L G A R G G @ G M A I L . C O M

(b)

3. Nationality of Deductor (Tick the appropriate entry)

Indian

☐

Foreign

☐

4. Permanent Account Number (PAN)

A A Z F B 2 2 6 8 A

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

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

7. Date (DD-MM-YYYY)

0 6 - 0 5 - 2 0 2 2

Mohit Gupta

Signed (Applicant)

Verification

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

Verified today, the 06 - 05 - 2022

Mohit Gupta

Signature/Left Thumb Impression of Applicant