


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

<b>Tax Invoice cum Acknowledgement Number</b>	P - 302789700005262				Date- 25 Jan 2024
<b>Category</b>	INDIVIDUAL	<b>GSTIN of Applicant</b>	NA		
<b>Applicant's Name</b>	SOMINBAI				
<b>Name on Card</b>	SOMINBAI				
<b>Father's Name</b>	KARTIK RAM				
<b>Mother's Name</b>	Not mentioned				
<b>Date of Birth/ Incorporation</b>	09 Apr 1973	<b>Communication Address State</b>	CHHATISHGARH (22)		
<b>Telephone/ Mobile Number</b>	91-7828178356	<b>E-mail ID</b>	CSCDMT10690@GMAIL.COM		
<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.  Branch ID: 30278 Integrated Data Management Services Private Limited  C/O PATEL CHOICE CENTER WARD NO 20 FRONT OF TAHSIL OFFICE KHARSIA CHHATTISGARH 496661		<b>PAN application fee</b>		₹91.00	
		<b>SGST 9%</b>		₹0.00	
		<b>CGST 9%</b>		₹0.00	
		<b>IGST 18%</b>		₹16.38	
		<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


Applicant's Copy


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Note:- "As per instruction from Income Tax Department, an authorized agencies' agent may visit you for your identity and address verification as per the documents submitted by you with the PAN application form. You are requested to ask authorization letter/ID

 020 - 27218080  020 - 27218081  tininfo@proteantech.in  @ProteanEgovTech

 **Income Tax PAN Services Unit (Managed by Protean)**  
Protean eGov Technologies Limited 4th floor, Sapphire Chambers, Baner Road, Baner, Pune 411045

 **If mobile no. is mentioned then you will receive SMS on status of your application.**  
You may track the status of your application using SMS facility – Type PTNPAN<space>15 digit acknowledgement no. and send it to 57575 or by visiting our website

**You are also requested to provide feedback on your experience of PAN service at [www.cleanmoney.gov.in](http://www.cleanmoney.gov.in)**

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Online PAAM 1.2



# For PAN purpose only



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)

Area code	AO type	Range code	AO No.
B P L	W	8 S	93



सोमिन

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

SOMINBAI

First Name

Middle Name

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

SOMINBAI

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

09 04 1973

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

RAM

First Name

KARTIK

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.

W/O SUBE LAL

Name of Premises / Building / Village

AALEKHUNTA

Road / Street / Lane/Post Office

BIRTHULI

Area / Locality / Taluka/ Sub- Division

BIRTHULI

Town / City / District

DHAMTARI

State / Union Territory

Pincode / Zip code

Country Name

CHHATTISGARH

493662

INDIA



# For PAN purpose only

<b>Office Address</b>	
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 <input checked="" type="checkbox"/> Residence <input type="checkbox"/> 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, <input checked="" type="checkbox"/> as applicable	
<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Hindu undivided family
<input type="checkbox"/> Trusts	<input type="checkbox"/> Body of Individuals
<input type="checkbox"/> Company	<input type="checkbox"/> Partnership Firm
<input type="checkbox"/> Local Authority	<input type="checkbox"/> Artificial Juridical Persons
<input type="checkbox"/> Government	<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) 3031716771148	
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	
SOMINBAI	
13 Source of Income	
<input type="checkbox"/> Salary	<input checked="" type="checkbox"/> as applicable
<input type="checkbox"/> Income from Business / Profession	Business/Profession code [ ] [For Code: Refer instructions]
<input type="checkbox"/> Income from House property	<input type="checkbox"/> Capital Gains
	<input type="checkbox"/> Income from Other sources
	<input checked="" 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, <input checked="" type="checkbox"/> as applicable	
<input type="checkbox"/> Shri	<input type="checkbox"/> Smt.
<input type="checkbox"/> Kumari	<input type="checkbox"/> 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 AADHAR CARD as proof of identity, AADHAR CARD as proof of address and AADHAR 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]	
[Annexure A, Annexure B & Annexure C are to be used wherever applicable]	
16 I/We SOMINBAI, the applicant, in the capacity of HIMSELF/HERSELF do hereby declare that what is stated above is true to the best of my/our information and belief.	
Place:	BIRJHULI
Date:	24/01/2024
Signature / Left Thumb Impression of Applicant (inside the box)	

Note: As per provisions of Section 272B of the Income Tax Act., 1961, a penalty of ₹ 10,000 can be levied on possession of more than one PAN.



For PAN purpose only

भारत सरकार  
Government of India

सोमिनबाई  
SOMINBAI

जन्म तिथि / DOB : 09/04/1973  
महिला / Female

3031 7167 7148

आधार - आम आदमी का अधिकार

भारतीय विशिष्ट पहचान अधिकरण  
Unique Identification Authority of India

पता: W/O: सुबे लाल, - वार्ड 08, Address: W/O: Sube Lal, -, ward08,  
पो.बिरहुली, आलेखुटा, बिरहुली, po.birahuli, aalekhuta, Birhuli, Birhuli,  
बिहुली, धमतरी, छत्तीसगढ़, Dhamtari, Chhattisgarh, 493662  
493662

3031 7167 7148

1947  
1800 300 1947

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सोमिन