


Copy to be kept with application

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

Tax Invoice cum Acknowledgement	N - 189349700003951			Date- 17 Dec 2018
Category	INDIVIDUAL	GSTIN of Applicant	NA	
Applicant's Name	BABBO			
Name on Card	BABBO			
Father's Name	FAIYAD			
Mother's Name	Not mentioned			
Date of Birth/	01 Jan 1998	Communication Address State	UTTAR PRADESH (9)	
Telephone/ Mobile	91-9654617413	E-mail ID	CSCGUMTHAL03617@GMAIL.COM	
Proof of Identity	AADHAAR Card issued by the Unique Identification Authority of India			
Proof of Address	AADHAAR Card issued by the Unique Identification Authority of India			
Proof of DOB	AADHAAR Card issued by the Unique Identification Authority of India			
On behalf of NSDL e-Governance Infrastructure Limited (PAN-Centre Managed by NSDL) Branch ID: 18934 Vertex Customer Solutions India Private Limited H NO 174 MOH SANIYAN TOWN AND POST LAWAR MEERUT UTTAR PRADESH 250222		PAN application fee	₹91.00	
		SGST 9%	₹0.00	
		CGST 9%	₹0.00	
		IGST 18%	₹16.38	
		Total(Rounded Off)	₹107.00	
GSTIN:27AAACN2082N1Z8		CIN: U72900MH1995PLC095642	SAC : 998319	

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

Assessing officer (AO code)

Area code	AO type	Range code	AO No.
L K N W		7 1	4

Sign/ left Thumb Impression
across this photo

9891

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

BABBO

First Name

Middle Name

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

BABBO

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

(please tick as applicable)

5 Date of Birth/Incorporation/Agreement/Partnership or Trust Deed/ Formation of Body of individuals or association of Persons

Day 01 Month 01 Year 1998

6 Details of Parents (applicable only for individual applicants)

Father's Name (Mandatory, Even married women should fill in father's name only)

Last Name / Surname

FAIYAD

First Name

Middle Name

Mother's Name (optional)

Last Name / Surname

First Name

Middle Name

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

Pincode / Zip code

BANIYAKHERA

POST BANIYAKHERA

CHANDULI

SAMBHAL

State / Union Territory U.P.

202412

Country Name INDIA

Office Address

Flat/Room/Door/Block No.

Name of Premises/Building/Village

Road/Street/Lane/Post Office

Area/Locality/Taluka/Sub-Division

8 Address for Communication

☒ Residence☐ Office

(Please tick as applicable)

9 Telephone Number & Email ID details

Country code

Area/STD Code

Telephone / Mobile number

9654617413

Email ID

10 Status of applicant

Please select status,

☒ as applicable☐ Government☒ Individual☐ Hindu undivided family☐ Company☐ Partnership Firm☐ Association of Persons☐ Trusts☐ Body of Individuals☐ Local Authority☐ Artificial Juridical Persons☐ Limited Liability Partnership

11 Registration Number (for company, firms, LLPs etc.)

12 In case of a citizen of India, then

Please mention your AADHAAR number (if allotted)

6709899311679

13 Source of Income

Please select

☒ as applicable☐ Salary☐ Income from Business / Profession Business/Profession code

[For Code: Refer Instructions]

☐ Income from House property☐ Capital Gains☐ Income from Other sources☒ 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 (DOB)

I/We have enclosed

AADHAARCARD

as proof of identity,

AADHAARCARD

as proof of address and

AADHAARCARD

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]

16 I/We, BABBO

, 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

BHULAWAI

Date

DDMMYYYY
22/22/10

अ. को

Signature / Left Thumb Impression of

Applicant (inside the box)



भारत सरकार
Government of India



बब्बो
Babbo

जन्म तिथि / DOB : 01/01/1998
महिला / Female



6709 3993 1679

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता: आत्मजा: फईयाद, गाँव-बनिया खेड़ा, बनिया खेड़ा, बनिया खेड़ा, संगमल, चंदौसी, उत्तर प्रदेश, 202412
Address: D/O: Faiyad, Village-Baniya Khara, Baniya Khara, Bania Khara, Sambhal, Chandausi, Uttar Pradesh, 202412

6709 3993 1679



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