Copy to be kept with application

ax Invoice cum	N - 301569700405540			Date- 28 Jul 2020					
Category	HINDU UNDIVIDED FAMILY		GSTIN of Applicant	NA					
Applicant's Name	ARUN KUMAR AGRAWAL								
Name on Card	ARUN KUMAR AGRAWAL								
Father's Name	Not mentioned	Not mentioned							
Mother's Name	Not mentioned								
Date of Birth/	26 Jul 2020	Communi	cation Address State	CHHATISHGARH (22)					
Telephone/ Mobile	91-9826457400	E-mail ID	AGRAWALS755@GMA	IL.COM					
Proof of Identity	AADHAAR Card issued by the Unique	Identification Authority of	cation 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 NS	SDL)	PAN application fe	ee ₹91.00					
Branch ID: 30156			SGST 9%	₹0.00					
Integrated Data Management			CGST 9%	₹0.00 ₹16.38					
Patel Bhawan, Ward No 20 I	ions Chowk Roopbani Road Champa CHHA	ATISHGARH 495671	IGST 18%						
			Total(Rounded Of	ff) ₹107.00					
GSTIN:27AAACN2082N1Z8		CIN: U72900N	MH1995PLC095642	SAC : 998319					

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 affix recent photograph (3.5 cm x 2.5 cm)	[In the case of Indian Citizens/Indian Companies/Entities incorporated in India/ Unincorporated entities formed in India] See Rule 114 Assessing officer (AO code)									Only 'Individuals' to affix recent photograph (3.5 cm x 2.5 cm)																
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8 Address for Communication	Residence	Office	(Please tick as applicable)
9 Telephone Number & Email ID details			
Country code Area/STD Code		/ Mobile number	
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Email ID acyrawals 7550	agmail.com		
10 Status of applicant	0	W J	7 8
Please select status, 🗸 as applicable			Government
Individual Hindu undivided family	Company	Partnership Firm	Association of Persons
Trusts Body of Individuals	Local Authority	Artificial Juridical Pe	rsons Limited Liability Partnership
11 Registration Number (for company, firms, LLPs		Artificial surficial re	Limited Elability Fattrership
Trogistiani number (ter company), mine, 221 c			
12 In Case of a person, who is required to quote Aa	dhaar number/The Enrolmen	t ID of Aadnaar applicat	ion form as per section 139AA
Please mention your AADHAAR number (if allotted)	6696 852	9 7087	
If AADHAAR number is not allotted, please mention	the enrolment ID of Aadhaar a	oplication form	
Name as per AADHAAR letter/card or as per the Er			
ARUM	KUMAK A	GRAWAL	
		+	
13 Source of Income			Please select, as applicable
Salary			Capital Gains
Income from Business / Profession Business	/Profession code [F	or Code: Refer instruction	Income from Other sources
Income from House property			No income
14 Representative Assessee (RA)			
Full name, address of the Representative Assesse	e, who is assessible under the	Income Tax Act in respec	t of the person, whose particulars have
been given in the column 1-13.			
Full Name (Full expanded name : initials are no	t permitted)		
Please select title, 🗸 as applicable Shri	Smt. Kumai	ri Mrs	
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	NAMES OF THE PARTY	
15 Documents submitted as Proof of Identity (POI)	Proof of Address (POA) and	Proof of Date of Birth (I	DOB)
		A Table	10
I/We have enclosed AFFIDAV	11	19 11 21	DAVIT
as proof of address and ADHAAR		of date of birth.	
[Please refer to the instructions (as specified in Ru		st of mandatory certified	documents to be submitted as applicable]
[Annexure A, Annexure B & Annexure C are to be use	V/W 150	41110	
16 I/We ARUN KUMAR AGK	AWAL, the applicant, in the	capacity of HUJ-	
do hereby declare that what is stated above is true	to the best of my/our information	on and belief.	
Place: RAIGARH		11	
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DDMMYYYY		A Browner .	
Date: 27072020			
	Signature	e / Left Thumb Impression	of Applicant (inside the box)





Government of Incla



अस्या कुमार अग्रवाल Arun Kumar Agrawal जन्म तिश्व/DOB: 01/02/1977 THE MALE

6696 8529 7087

YID: 91261616 4859 (1913 🕷 आधार, मेरी पहचान मेरा



Unique Identification Authority of India

पता: S/O: कपूर बंद अववाल, 9/14, बूजा राष्ट्र एली, गर्ल्स स्कृत रोड, वॉर्ड न 09, खरसिआ, राधमढ, इसीसमढ़ - 496661

Address: S/O: Kapoor Chand Agrawal, 9/14, BUJA RAM GALI, GIRLS SCHOOL ROAD, WARD NO 09, Kharsia, Ralgarh, Chhattisgarh - 496661



6696 8529 7087

VID: 9126 1616 4859 0913

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AFFIDAVIT FOR HUF

नोटरी खरसिया

CHHATTISGARH
ARUN KUMAR AGRAWAL son of Shri Kapoor Chand Agrawal aged 43 Years, resident of Putri 05 जिली रायगढ Shala Road, Kharsia, Dist. Raigarh (C.G.) and as Karta of my Hindu Undivided Family (HUF) affirm on eath and declare as under:-

That I am Karta of our HUF which is known as ARUN KUMAR AGRAWAL (HUF) That as on today, name of coparceners (including name of Karta) our above said HUF, their father name and their addresses are as under :-

5.No.	Shri Arun Kumar Agrawal(Karta) Adhar 6696 8529 7087	Name Of Father Shri Kapoor Chand Agrawal	Address Kharsia
2	Neha Agrawal, 9992 0611 3242	Shri Arun Kumar Agrawal	Kharsia
à.	Soumya Agrawal 4791 1496 8262	Shri Arun Kumar Agrawal	Kharsia
4.	Pragya Agrawal - 8305 7330 6378	Shri Arun Kumar Agrawal	Kharsia

That the above said HUF is in existing since(Date).

मुजफ्फर हरीम् साबरी फंजीयन कुन्। सी.जी - खरसिया

VERIFICATION

Deponent

MAR AGRAWAL son of Shri Kapoor Chand Agrawal hereby verify that as per my best thewledge above mentioned contents of this affidavit are true and correct and nothing was hidden there rom.

पढकर/पढ़ाकर शपथपूर्वक कथन आप कहा और

इस बस्तावेज पर हस्ताकर/अंगूठा किया।

शपथकर्ता को

Deponent