


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

Tax Invoice cum Acknowledgement	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			
Mother's Name	Not mentioned			
Date of Birth/	26 Jul 2020	Communication Address State	CHHATISHGARH (22)	
Telephone/ Mobile	91-9826457400	E-mail ID	AGRAWALS755@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: 30156 Integrated Data Management Services Private Limited Patel Bhawan, Ward No 20 Lions Chowk Roopbani Road Champa CHHATISHGARH 495671		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

Only
'Individuals'
to affix recent
photograph
(3.5 cm x
2.5 cm)

Only
'Individuals'
to affix recent
photograph
(3.5 cm x
2.5 cm)

Assessing officer (AO code)

Area code	AO type	Range code	AO No.
B P L	W	8 8	4

Signature/Left thumb impression
across this photo

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/address documents: initials are not permitted)

Please select title, ☒ as applicable
☒ Shri ☐ Smt. ☐ Kumari ☐ M/s

Last Name / Surname

ARUN KUMAR AGRAWAL

First Name

Middle Name

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

ARUN KUMAR AGRAWAL

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
26 07 2020

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 provided 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

First Name

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.

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

CHHATTISGARH 498661 INDIA

Office Address

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

☒ Residence☐ Office

(Please tick as applicable)

9 Telephone Number & Email ID details

Country code

Area/STD Code

Telephone / Mobile number

+91

9826457400

Email ID

agrawals755@gmail.com

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 person, who is required to quote Aadhaar number/The Enrolment ID of Aadhaar application form as per section 139AA

Please mention your AADHAAR number (if allotted)

6696 8529 7087

If AADHAAR number is not allotted, please mention the enrolment ID of Aadhaar application form

Name as per AADHAAR letter/card or as per the Enrolment ID of Aadhaar application form

ARUN KUMAR AGRAWAL

13 Source of Income

☐ Salary☐ Income from Business / Profession

Business/Profession code

[For Code: Refer instructions]

☐ Income from House propertyPlease select, ☒ as applicable☐ 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☐ 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

15 Documents submitted as Proof of Identity (POI), Proof of Address (POA) and Proof of Date of Birth (DOB)

I/We have enclosed

AFFIDAVIT

as proof of identity,

AFFIDAVIT

as proof of address and

ADHAAR

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 ARUN KUMAR AGRAWAL the applicant, in the capacity of HUF

do hereby declare that what is stated above is true to the best of my/our information and belief.

Place :

RAIGARH

Date :

D D M M Y Y Y Y
27 07 2020

Signature / Left Thumb Impression of Applicant (inside the box)

Agrawal



भारत सरकार
Government of India



अरुण कुमार अग्रवाल
Arun Kumar Agrawal
जन्म तिथि/DOB: 01/02/1977
पुरुष/ MALE



6696 8529 7087

VID: 9126 1616 4859 0913

मेरा आधार, मेरी पहचान



भारत सरकार
Unique Identification Authority of India

पता:
S/O: कपूर चंद अग्रवाल, 9/14, बुजा राम गली, गल्सी
स्कूल रोड, वार्ड नं 09, खरसिया, रायगढ़,
छत्तीसगढ़ - 496661

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



QR Code with Photograph

6696 8529 7087

VID: 9126 1616 4859 0913



help@uidai.gov.in

www.uidai.gov.in



AFFIDAVIT FOR HUF

छत्तीसगढ़ CHHATTISGARH

08AA 058247

मुजफ्फर हुसैन साबरी

नोटरी खरसिया

जिला रायगढ़

I, **ARUN KUMAR AGRAWAL** son of Shri Kapoor Chand Agrawal aged 43 Years, resident of Putri Shala Road, Kharsia, Dist. Raigarh (C.G.) and as Karta of my Hindu Undivided Family (HUF) affirm on oath 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 :-

S.No.	Name Of Coparceners	Name Of Father	Address
1.	Shri Arun Kumar Agrawal(Karta) Adhar 6696 8529 7087	Shri Kapoor Chand Agrawal	Kharsia
2.	Neha Agrawal, 9992 0611 3242	Shri Arun Kumar Agrawal	Kharsia
3.	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).



VERIFICATION

I, **ARUN KUMAR AGRAWAL** son of Shri Kapoor Chand Agrawal hereby verify that as per my best knowledge above mentioned contents of this affidavit are true and correct and nothing was hidden there from.

Agrawal

मेरे समक्ष इस दस्तावेज पर संबंधित व्यक्ति ने पढ़कर/पढ़ाकर शपथपूर्वक कथन आप कहा और इस दस्तावेज पर हस्ताक्षर/अंगूठा किया।

मे शपथकर्ता को पहचानता हूँ।

Mujaffar Hussain Sabari
एम. एच. साबरी
नोटरी/खरसिया

Deponent

Deponent