

# नियम

1. आपको यह पैन कार्ड फार्म Black Pen से ही भरना होगा और Signature भी Black Pen से ही करना होगा।
2. अधूरा भरा पैन कार्ड फार्म मान्य नहीं होगा। फॉर्म को साफ-साफ ही भरना होगा, फॉर्म भरने में जल्दबाजी बिल्कुल ना करे।
3. दोनों ही फोटो आपको अच्छी Quality के ही लेने हैं। बेकार Quality का फोटो बिल्कुल भी मान्य नहीं होगा। किस प्रकार का फोटो लेना है एक बार website पर फोटो के नियम जरूर पढ़ें

पुरुष का पैन कार्ड फार्म कैसे भरे  
कृप्या नीचे दिया गया फार्म ध्यानपूर्वक देखें व समझें।

Copy to be kept with application

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

Tax Invoice cum Acknowledgement	N - 355709700203373		Date- 17 Jun 2019
Category	INDIVIDUAL	GSTIN of Applicant	NA
Applicant's Name	RINKU		
Name on Card	RINKU		
Father's Name	KRIPAL BINGH		
Mother's Name	Not mentioned		
Date of Birth	18 Jan 1992	Communication Address State	UTTAR PRADESH (9)
Telephone/ Mobile	91-805815046	E-mail ID	CHITRAAMBHARTI1992@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)	PAN application fee	₹91.00	
Branch ID: 35570 Steel City Securities Limited	SGST 9%	₹0.00	
SUVIDHA KENDRA, SHOP NO-5, GROUND F MANDI ROAD, NEAR PRATHAMA BANK DHAWARSI HASANPUR UTTAR PRADESH 244242	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



प्रत्येक जिले का Area Code अलग अलग होता  
 Website पर Area Code List की सूची दी गयी है  
 कृप्या अपने जिला का Area Code अवश्य देख लें  
 आपको यह coloum अवश्य भरना होगा

Assessing officer (AO code)

Area code	AO type	Range code	AO No.
K N P C		1 7	1

रिंकु

Signature / Left Thumb Impression

single Name होने पर Last Name में ही भरा जायेगा

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: R I N K U  
 First Name: \_\_\_\_\_  
 Middle Name: \_\_\_\_\_

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

R I N K U

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: 1992

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: S I N G H  
 First Name: K R I P A L  
 Middle Name: \_\_\_\_\_

Mother's Name (optional)

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)

(In case no option is provided then PAN card will be issued with father's name)

Father's name  Mother's name (Please tick as applicable)

7 Address

Residence Address

Flat / Room / Door / Block No.: S / O K R I P A L S I N G H  
 Name of Premises / Building / Village: S O N D A  
 Road / Street / Lane/Post Office: P O S T S O N D A  
 Area / Locality / Taluka/ Sub- Division: M O D I N A G A R  
 Town / City / District: G H A Z I A B A D

State / Union Territory: U T T A R P R A D E S H  
 Pincode / Zip code: 2 0 1 2 0 4  
 Country Name: I N D I A

WWW.PANSUVIDHA.COM

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: 91 Area/STD Code: Telephone / Mobile number: 8958245045

Email ID: BHEESHAM BHARTI2@GMAIL.COM

10 Status of applicant

Please select status,  as applicable

Individual  Hindu undivided family  Company  Partnership Firm  Government

Trusts  Body of Individuals  Local Authority  Artificial Juridical Persons  Association of Persons  Limited Liability Partnership

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

[Empty registration number grid]

12 In case of a person, who is required to quote Aadhar number or the Enrolment ID of Aadhar application form as per section 139 AA

Please mention your AADHAAR number (if allotted) 523856062523

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: RINKU

13 Source of Income

Salary  Income from Business / Profession Business/Profession code [ ] [For Code: Refer instructions]  Capital Gains  Income from Other sources  No income

Income from House property

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 (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 RINKU, the applicant, in the capacity of Him SELF do hereby declare that what is stated above is true to the best of my/our information and belief.

Place: MORINAGAR

Date: 17062019

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

Rinku

 भारत सरकार  
Government of India

 रिंकु  
Rinku  
जन्म तिथि / DOB : 01/01/1992  
पुरुष / Male




**5238 5606 2523**

आधार - आम आदमी का अधिकार


Rinku


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 भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

पता: संबोधित: कृपाल सिंह, सांन्दा, Address: S/O: Kripal Singh, Saunda,  
सांन्दा, गाजियाबाद, उत्तर प्रदेश. Saunda, Ghaziabad, Uttar Pradesh,  
201204 201204

**5238 5606 2523**

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1800 300 1947

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