

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

Tax Invoice cum Acknowledgement Number	N - 299219700004013		Date- 12 Dec 2017
Category	INDIVIDUAL	GSTIN of Applicant	NA
Applicant's Name	VALLBHBHAI DHANAJIBHAI BHALIYA		
Name on Card	BHALIYA VALLBHBHAI DHANAJIBHAI		
Father's Name	DHANAJIBHAI BHURABHAI BHALIYA		
Date of Birth/ Incorporation	01 Jan 1966	PAN Card dispatch State	GUJARAT (24)
Telephone/ Mobile Number	91-7359054645	E-mail ID	TIN.29921@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	₹93.00
Branch ID: 29921 Steel City Securities Limited		CGST 9%	₹0.00
POOJA ENTERPRISE, SHOP NO-B-56 NEAR OPP SHARDA MANDIR SCHOOL, KER PITHALPUR Talaja GUJARAT 364135		SGST 9%	₹0.00
		IGST 18%	₹16.74
		Total(Rounded Off)	₹110.00
GSTIN:27AAACN2082N128	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.	
G	U	J	0	W	1	2	0	0	6

Handwritten signature

Signature / Left Thumb Impression

Handwritten note:
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: B H A L I Y A
 First Name: V A L L B H B H A I
 Middle Name: D H A N A J I B H A I

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

B H A L I Y A V A L L B H B H A I D H A N A J I B H A I

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: 0 1 Month: 0 1 Year: 1 9 6 6

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: B H A L I Y A
 First Name: D H A N A J I B H A I
 Middle Name: B H U R A B H A I

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. _____

Name of Premises / Building / Village: B H A L I Y A V I S T A R

Road / Street / Lane/Post Office: R E L I Y A

Area / Locality / Taluka/ Sub-Division: T A L A J A

Town / City / District: B H A V N A G A R

State / Union Territory: GUJARAT Pincode / Zip code: 3 6 4 1 3 5 Country Name: 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

+ 9 1

7 3 5 9 0 5 4 6 4 5

Email ID

TIN.29921@GMAIL.COM

10 Status of applicantPlease select status, as applicable Individual Hindu undivided family Company Partnership Firm Government 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 Aadhar number or the Enrolment ID of Aadhar application form as per section 139 AA**

Please mention your AADHAAR number (if allotted)

3 2 4 2 3 4 1 5 4 3 3 3

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

B	H	A	L	I	Y	A													
V	A	L	L	B	H	B	H	A	I										
D	H	A	N	A	J	I	B	H	A	I									

13 Source of IncomePlease 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 (POB)I/We have enclosed AADHAAR CARD

as proof of identity,

AADHAAR CARDas proof of address and AADHAAR 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 BHALIYA VALLBHBHAI DHANAJIBHAI, 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: PITHALPURDate: 1 0 1 2 2 0 1 7

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



ભારત સરકાર

Government of India

ભાલિયા વલ્લભભાઈ ધનજીભાઈ

Bhaliya Vallbhhai Dhanajibhai

જન્મ તારીખ / DOB : 01/01/1966

પુરુષ / Male



3242 3415 4333

આધાર - સામાન્ય માણસનો અધિકાર



આધાર

સરનામું:
S/O: ધનજીભાઈ, પીથલપુર,
પીથલપુર, ભાવનગર, તાલુકા,
ગુજરાત, 364135

ભારતીય વિશિષ્ટ ઓળખાણ પ્રાધિકરણ
Unique Identification Authority of India

Address:
S/O: Dhanajibhai, Pithalpur,
Pithalpur, Bhavnagar, Talaja,
Gujarat, 364135

3242 3415 4333


1947
1800 300 1947


help@uidai.gov.in


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