

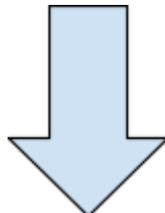


## 18 साल से कम उम्र के बच्चे का पैन कार्ड फार्म कैसे भरे ?

1. 18 साल से कम उम्र के पैन कार्ड में हमेशा पिता के ही **Signature** होते हैं और फोटो बच्चे का लगाया जाता है साथ में आपको पिता का भी आधार कार्ड लेना होगा ।
2. पिता जीवित नहीं होने पर परिवार में किसी के भी **Signature** करा सकते हैं लेकिन उनका भी आधार कार्ड लेना अनिवार्य है।
3. आपको यह पैन कार्ड फार्म **Black Pen** से ही भरना होगा और **Signature** भी **Black Pen** से ही कराना होगा ।
4. अधूरा भरा पैन कार्ड फार्म मान्य नहीं होगा। फॉर्म को साफ-साफ ही भरना होगा, फॉर्म भरने में जल्दबाजी बिल्कुल ना करे ।
5. पैन कार्ड फार्म के सभी पेजों का आपको एक **Single PDF** बनाना होगा। जिसका **File Size 500 से 990 KB** के बीच होना चाहिये। इसके लिये आप ट्रेनिंग विडियो आवश्यक देखे (**PDF** फाइल कैसे बनाये व कैसे अपलोड करे)
6. दोनों ही फोटो आपको अच्छी **Quality** के ही लेने होंगे बेकार **Quality** का फोटो बिल्कुल भी मान्य नहीं होगा।

कृप्या नीचे दिया गया फार्म ध्यानपूर्वक देखें व समझें।

[WWW.PANYOJANA.COM](http://WWW.PANYOJANA.COM)



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

<b>Tax Invoice cum Acknowledgement Number</b>	P - 970221000000162		Date- 29 Sep 2024
<b>Category</b>	INDIVIDUAL	<b>GSTIN of Applicant</b>	NA
<b>Applicant's Name</b>	VARSHA		
<b>Name on Card</b>	VARSHA		
<b>Father's Name</b>	MAHIPAL SINGH		
<b>Mother's Name</b>	Not mentioned		
<b>Date of Birth/ Incorporation</b>	01 Jan 2010	<b>Communication Address State</b>	UTTAR PRADESH (9)
<b>Telephone/ Mobile Number</b>	91-8395683655	<b>E-mail ID</b>	ASINGH91796@GMAIL.COM
<b>Proof of Identity</b>	AADHAAR Card issued by the Unique Identification Authority of India		
<b>Proof of Address</b>	AADHAAR Card issued by the Unique Identification Authority of India		
<b>Proof of DOB</b>	AADHAAR Card issued by the Unique Identification Authority of India		
On behalf of Protean eGov Technologies Limited (Formerly NSDL e-Governance Infrastructure Limited) PAN Centre Managed by Protean,		<b>PAN application fee</b>	₹91.00
Branch ID: 9702210 Steel City Securities Limited		<b>SGST 9%</b>	₹0.00
PAVAN JAN SEVA KENDRA CHAKOONI WARD NO 42, ADAMPUR ROAD NEAR SHIV TEMPLE, HASANPUR UTTAR PRADESH 244242		<b>CGST 9%</b>	₹0.00
		<b>IGST 18%</b>	₹16.38
		<b>Total(Rounded Off)</b>	<b>₹107.00</b>
<b>GSTIN: 27AAACN2082N1Z8</b>	<b>CIN: U72900NH1895PLC095642</b>	<b>SAC : 998319</b>	
This is a computer generated receipt and does not require signature.			Online PAAM 1.2

प्रिय VLE,  
आपको PDF बनाते समय यही  
क्रम Follow करना है।

1.Acknowledgement slip

2.Form Front Side

3.Form Back Side

4.AADHAR Card

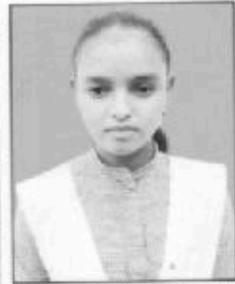
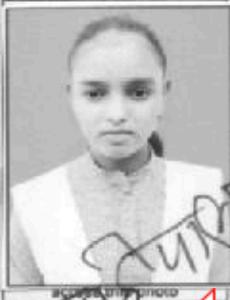
Form No. 49A

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	1

महिपाल सिंह  
Signature / Left Thumb Impression

Father के Signature

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: V A R S H A  
First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_

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

V A R S H A

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: 01 Month: 01 Year: 2010

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 provide 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: S I N G H  
First Name: M A H I P A L  
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. D 1 0 M A H I P A L S I N G H  
Name of Premises / Building / Village CHAUKOONI  
Road / Street / Lane/Post Office UJHARI  
Area / Locality / Taluka/ Sub- Division HASANPUR  
Town / City / District AMROHA  
State / Union Territory UTTAR PRADESH  
Pincode / Zip code 244242  
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

Pincodes / 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

6395663665

Email ID

ASINGH91796@GMAIL.COM

10 Status of applicant

Please 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 Aadhaar number or the Enrolment ID of Aadhaar application form as per section 139 AA

Please mention your AADHAAR number (if allotted)

218677038377

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

VARSHA

13 Source of income

Please select,  as applicable

Salary

Capital Gains

Income from Business / Profession

Business/Profession code

[For Code: Refer instructions]

Income from Other sources

Income from House property

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

SINGH

Father का नाम

First Name

MAHIPAL

Middle Name

Address

Flat / Room / Door / Block No.

S/O MAKHAN

Father के पिता का नाम

Name of Premises / Building / Village

CHAUKOONI

Road / Street / Lane/Post Office

UJHARI

Father का पता

Area / Locality / Taluka/ Sub- Division

HASANPUR

Town / City / District

AMROHA

State / Union Territory

Pincodes

UTTAR PRADESH

244242

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

I/We have enclosed AADHARCARD 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

16 I/We MAHIPAL SINGH

Father का नाम

capacity of

RA

यहा पर RA ही भरा जायेगा।

Place:

AMROHA

Father के Signature

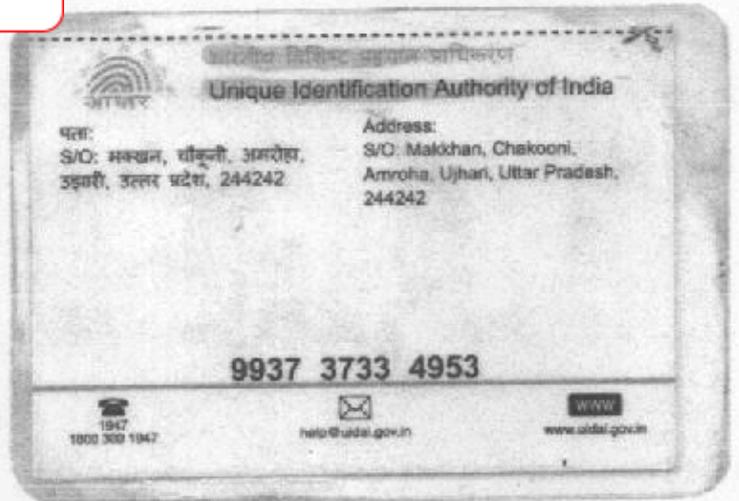
Date:

29092024

MAHIPAL SINGH

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

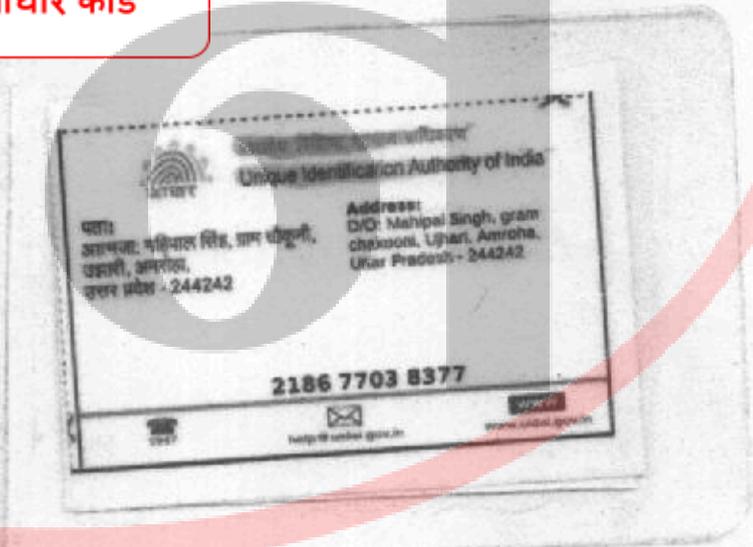
Father का आधार कार्ड



महिपाल सिंह

Father के Signature

बच्चे का आधार कार्ड



महिपाल सिंह

Father के Signature