



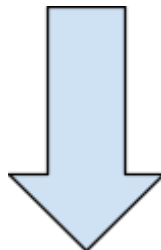
## अनपढ़ व्यक्ति का पैन कार्ड फार्म कैसे भरे ?

1. जो अनपढ़ व्यक्ति अंगूठा लगाते हैं। आपको पैन कार्ड फार्म तहसील में नौटरी वकील से या सरकारी स्कूल के प्रिंसिपल से या सरकारी अस्पताल के डॉक्टर से या फिर किसी अन्य विभाग के अधिकारी से अटैस्ट कराना होगा। इसीलिए पहले फार्म को अटैस्ट कराएं उसके बाद ही अपलोड करें। फार्म पर मोहर आपको कहाँ - कहाँ लगवानी है इसके लिए दिये हुये **Sample** को ध्यान से देखे ।
2. यदि आपको मोहर लगवाने में कोई समस्या आती है। तो आप अपने **CSC** केंद्र या जन सेवा केंद्र या ग्राम प्रधान या अन्य किसी भी प्रकार की मोहर भी लगा सकते हैं। आपका पैन कार्ड **100%** बन जाएगा ।
3. आपको यह फार्म **Black Pen** से ही भरना होगा। ग्राहक का **Signature** भी **Black Pen** से ही कराना होगा ।
4. **PDF File** बनाते समय ध्यान रखें **Colour PDF** फाइल मान्य नहीं होगा कृप्या **Grayscale** या फिर **Black and white PDF File** ही बनाएं उसके बाद अपलोड करें।
5. पैन कार्ड फार्ड के सभी पेजो का आपको एक **Single PDF** बनाना होगा। जिसका **File Size 500** से **990 KB** के बीच होना चाहिए ।

नीचे दिया गये फार्म को ध्यानपूर्वक देखे व समझे।

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

धन्यवाद !



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

<b>Tax Invoice cum Acknowledgement Number</b>	P - 970221000000140		Date- 29 Aug 2024
<b>Category</b>	INDIVIDUAL	<b>GSTIN of Applicant</b>	NA
<b>Applicant's Name</b>	HARASVARUP		
<b>Name on Card</b>	HARASVARUP		
<b>Father's Name</b>	CHAMPAT		
<b>Mother's Name</b>	Not mentioned		
<b>Date of Birth/ Incorporation</b>	01 Jan 1964	<b>Communication Address State</b>	UTTAR PRADESH (9)
<b>Telephone/ Mobile Number</b>	91-8958521347	<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: U72900MH1995PLC095642</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 receipt

2. Form Front Side

3. Form Back Side

4. AADHAR Card

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

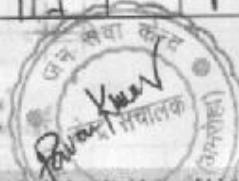


Applicant's Permanent Address (In the case of temporary residents, the address where they are presently residing in India)  
 To avoid mistakes, please fill up the form  
 Assessing officer's name and signature

प्रत्येक जिले का Area Code अलग-2 होता है। Website पर Area Code की सूची दी गयी है। अपने Area Code जरूर देखकर ही भरे। Area Code से ही PVC पैन कार्ड आपके पते पर जाता है।

Area code	AO type	Range code	AO No.
L K N	W	71	1

Sir,  
 I/We hereby request that a permanent account number be allotted to me/us.  
 I/We give below the 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: HARASVARUP

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Red arrow pointing to 'Last Name / Surname' field.

Red arrow pointing to 'Last Name / Surname' field with text: Single Name होने पर Last Name में ही भरे।

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

HARASVARUP

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: 1964

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: CHAMPAT

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. S10 CHAMPAT

Name of Premises / Building / Village CHAKOONI

Road / Street / Lane/Post Office UJHARI

Area / Locality / Taluka/ Sub-Division HASANPUR

Town / City / District AMROHA

State / Union Territory: UTTAR PRADESH

Pincode / Zip code: 244949

Country Name: INDIA

**Office Address**

Name of office

Fiat / 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

8958521347

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)

772757552829

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

**13 Source of Income**

Please 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**

Fiat / 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]

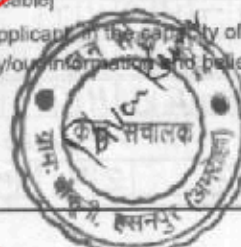
16 I/We HARASVARUD, the applicant in the capacity of HIM SELF do hereby declare that what is stated above is true to the best of my/our information and belief.

Place :

CHAKOONI

Date :

29/08/2019



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

भारत सरकार  
Government of India

हरिवरुप  
Haravrup  
जन्म तिथि / DOB: 01/01/1964  
पुरुष / Male

7727 5755 2325

आधार - आम आदमी का अधिकार

विश्वविद्यालय, पञ्जाब विश्वविद्यालय  
Unique Identification Authority of India

पता:  
S/O: चम्पत, चौकनी, अमरोहा,  
उज्जनी, उत्तर प्रदेश, 244242

Address:  
S/O: Champat, Chakooni,  
Amroha, Ujhari, Uttar Pradesh,  
244242

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1800 300 1947

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