


## Tax Invoice cum Payment Receipt of PAN Application(Form 49A)





Tax Invoice cum	N - 882035159208431		Date- 05/09/2021
Category	FIRM	GSTIN of Applicant : NA	
Name of Applicant	SAKALDEEP AND SONS CONSTRUCTION		
Father's Name	Not mentioned		
Mother's Name	Not mentioned		
Date of Birth/ Incorporation	27/08/2021	PAN card dispatch State: JHARKHAND (20)	
Telephone/ Mobile Number	9703130002		
E-mail ID	SAKALDEEPSONS@GMAIL.COM		
Payment Mode	Online Payment	Payment Ref. No.	101007885024305092021140151630830615567
	PAN application fees ₹	eSign charges by ESP ₹	UIDAI Charges* ₹
	91.00	0.00	0.00
Aadhaar authentication charges	0.00	0.00	0.00
e-KYC charges for PAN application	0.00	0.00	0.00
e-KYC charges for eSign	0.00	0.00	0.00
CGST 9%	0.00	0.00	0.00
SGST 9%	0.00	0.00	0.00
IGST 18%	16.38	0.00	0.00
Total (Rounded Off)	<b>107.00</b>	<b>0.0</b>	<b>0.0</b>
			<b>Gross Total 107.00</b>


GSTIN:27AAACN2082N1Z8	CIN: U72900MH1995PLC095642	<b>S A C</b> <b>: 9 9 8 3 1 9</b>
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### Instructions:

1. Superscribe the envelope with 'APPLICATION FOR PAN -N - Acknowledgement Number' e.g. 'APPLICATION FOR PAN -N - . 882035159208431
2. Send the documents as specified to  
Income Tax PAN Services Unit,  
NSDL e-Governance Infrastructure Limited,  
4th floor, Mantri Sterling, Plot No. 341, Survey No. 997/8,  
Model Colony, Near Deep Bungalow Chowk, Pune - 411016  
Tel: 020-27218080; Fax: 020-27218081.
3. Your acknowledgement, Demand Draft if any, and proofs, should reach NSDL within 15 days from the date of online application.
4. Application will be processed only on receipt of relevant proofs and realisation of payment.
5. PAN card will be dispatched only to the communication address provided in your PAN application. Wherever the Representative Assessee (RA) details ( item no.14 in Form 49A ) are mentioned in the application, PAN card will be dispatched to the RA's address.

For queries and information please contact: PAN/TDS Call Centers

 020 - 27218080     
  020 - 27218081     
  tininfo@nsdl.co.in     
  @NSDLLeGovernance

 4th floor, Mantri Sterling, Plot No. 341, Survey No. 997/8, Model Colony, Near Deep Bungalow Chowk, Pune – 411 016

 If mobile no. is mentioned then you will receive SMS on status of your application.

You may track the status of your application using SMS facility – Type NSDLPAN<space>15 digit acknowledgement no. and send it to 57575 or by visiting our

You are requested to provide feedback on your experience of PAN services at [www.cleanmoney.gov.in](http://www.cleanmoney.gov.in)

**Note:- "As per instruction from Income Tax Department, an authorized agencies' agent may visit you for your identity and address verification as per the documents submitted by you with the PAN application form. You are requested to ask authorization letter/ID card from the agent before verification. Your cooperation is solicited in this regard."**

This is a computer generated receipt and does not require signature.

PAAM 1.0



## Application for Allotment of Permanent Account Number

[In the case of Indian Citizens/Indian Companies/Entities incorporated in India/  
Unincorporated entities formed in India]

Under section 139A of the Income Tax act, 1961

To avoid mistake (s), please follow the accompanying instructions and examples before filling up

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

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## Assessing officer (AO code)

AREA CODE	AO TYPE	Range Code	AO NO
PTN	C	51	1

Sign/ Left Thumb impression

Signature / Left Thumb Impression of

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

SAKALDEEP AND SONS CONSTRUCTION

First Name

Middle Name

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

SAKALDEEP AND SONS CONSTRUCTION

## 3. Have you ever been known by other name?

If yes, please give that other name

 Yes  No

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

## 5. Date of Birth/Incorporation/Agreement/Partnership or Trust Deed/ Formation of Body of Individuals or association of Persons

Day Month Year

27/08/2021

## 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)

(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)

(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 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-

Town / City / District

State / Union Territory

Pincode / Zip code

Country Name

## Office Address

Name of office

SAKALDEEP AND SONS CONSTRUCTION

Flat / Room / Door / Block No.

H.NO-223,GROUND FLOOR

Name of Premises / Building / Village

ANAND NAGAR KADHGRAHA

Road / Street / Lane/Post Office

NEAR CHOUDHARY DHARMSHALA

Area / Locality / Taluka/ Sub- Division

RATU ROAD

City / District

RANCHI

State / Union Territory

Pincode / Zip code

Country Name

JHARKHAND

834001

INDIA

## 8. Address for Communication

Residence

Office

Please tick as applicable

## 9. Telephone Number &amp; Email ID details

Country code

Area/STD Code

Telephone / Mobile number

91

9703130002

Email ID

SAKALDEEPSONS@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.)

20AJNPC0981G1ZL

## 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)

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

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

## 13. Source of Income

- Salary    Business/Profession    13    [For Code: Refer instructions]     Capital Gains  
 Income from Business /     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

First Name

Middle Name

Address

Flat / Room / Door / Block No.

Name of Premises / Building /

Road / Street / Lane/Post Office

Area / Locality / Taluka/ Sub- Division

Town / City / District

State / Union Territory

Pincode

Country Name

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

- I/We have enclosed **Certificate of Registration issued by Registrar of Firms** as proof of identity  
**Certificate of Registration issued by Registrar of Firms** as proof of address and  
 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 &amp; Annexure C are to be used wherever applicable]

16 I/We **VIKASH KUMAR CHOUDHARY**

the applicant, in the capacity of

Authorized Signatory

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

Place

RANCHI

Date

DD MM YYYY

05/09/2021

Signature / Left Thumb Impression of