



Application Number: **A079848401**
 Payment Reference: **UTIXCROHD9866522109 / PY0110809866**
 Payment Date: **04/09/2023 Rs.107.00/-**

Application Source: **EWALLET - B48 - RAR ONLINEPSA COMMUNICATIONS PVT LTD**

Application Date: **04/09/2023**

User Id: **MALLI2339** User Name: **MALLI2339**

PAN CARD MODE : Both physical PAN and e-PAN Card Application Mode : Physical Application

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)



Special instruction: please follow the accompanying instructions and examples before filling up the form

Addressing officer (AO code)

Area code	AO type	Range code	AO No.
K A R W		4 2 1	4

(Signature)

I/We hereby request that a Permanent Account Number be allotted to me/us.
 No separate necessary particulars.

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 Sri Smt Kuman Mrs

Last Name / Surname: **G A N E S H**

First Name: _____

Middle Name: _____

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

G A N E S H

Have you ever been known by any other name? Yes No (please tick as applicable)

Please select title: as applicable Sri Smt Kuman Mrs

Last Name / Surname: _____

First Name: _____

Middle Name: _____

Gender (for individual applicants only) Male Female Transgender (please tick as applicable)

Date of Birth/Incorporation/Agreement/Partnership or Trust Deed/
 Formation of Body of individuals or association of Persons

Day: **1 5** Month: **0 5** Year: **2 0 0 7**

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: **K I S H A N**

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: _____

Designate the name of either father or mother which you may like to be printed on PAN card (where 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) Father's name Mother's Name (please tick as applicable)

Address

Residence Address

Flat/Room / Door / Block No: **S / O K I S H A N R A O**

Name of Premises / Building / Village: **K I N N I S H A R A N G A R**

Road / Street / Lane/Post Office: **S H A R A N A G R A**

Area / Locality / Taluk/Sub-Division: **B A S A V A K A L Y A N**

Town / City / District: **B I D A R**

State / Union Territory: **K A R N A T A K A** Pincode / Zip code: **5 8 5 4 3 7** Country Name: **I N D I A**

Office Address

Name of Office: **M A L L I K A R J U N**

Flat/Room / Door / Block No: **X E R O X S R I B H A G Y A V A N T I**

Area / Locality / Taluka / Sub-Division
Town / City / District

BASAVAKALYAN
BIDAR

KARNATAKA

585437

INDIA

2 Address for Communication

Telephone Number & Email ID details

Country code

Area/STD Code

Telephone / Mobile number

91

585437

9611551753

Email ID: xeroxsribhagyavanti@gmail.com

10 Status of applicant

Please select status: as applicable

Individual

Hindu undivided family

Company

Partnership Firm

Government

Association of Persons

Limited Liability Partnership

Trust

Body of Individuals

Local Authority

Artificial Juridical Person

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

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) 9986 2615 6530

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

Name as per AADHAAR lettercard or as per the Enrolment ID of Aadhaar application form

GANESH

13 Source of Income

Salary

Income from House property

No income

Please select: as applicable

Capital Gains

Income from Other sources

Income from Business / Profession

Business/Profession code

(For Code: Refer instructions)

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

Son

Smt

Husband

M/s

Last Name / Surname

GANESH

First Name

KISHANRAO

Middle Name

POOJARI

Address

Flat / Room / Door / Block No

POOJARI

Name of Premises / Building / Village

SHARANAGR (KINNI WADI)

Road / Street / Lane/Post Office

SHARANAGR

Area / Locality / Taluka / Sub-Division

BASAVAKALYAN

Town / City / District

BIDAR

State / Union Territory

KARNATAKA

585437

Pincode

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

I have enclosed AADHAAR Card issued by as proof of identity, AADHAAR Card issued by UIDAI

as proof of address and AADHAAR Card issued by UIDAI 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 per Annexure A, Annexure B & Annexure C are to be used wherever applicable)

16 I/We GANESH the applicant, in the capacity of HIMSELF/HERSELF

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

Place: MUDBI

DDMMYYYY



ಭಾರತ ಸರ್ಕಾರ
Government of India



ನಾಮ
Ganesh
ಜನ್ಮ ದಿನಾಂಕ / DOB : 15/05/200
ಲಿಂಗ / Male



9986 2615 6530

ಅಧಿಕಾರಿ - ಶ್ರೀನಿವಾಸಮೂರ್ತಿ ಅಧಿಕಾರಿ



ಭಾರತ ಸರ್ಕಾರ ವಿಶೇಷ ತಂತ್ರಜ್ಞಾನ ಅಧಿಕಾರಿ
Unique Identification Authority of India

ವಿಳಾಸ
ತಂದೆ / ತಾಯಿಯ ಹೆಸರು, ಕಿನ್ನಿವಾಡಿ
2/96, ಕಿನ್ನಿವಾಡಿ, ಕಿನ್ನಿವಾಡಿ, ಕಿನ್ನಿವಾಡಿ
ಬಿಡರ್, ಬಿಡರ್, ಕೆ.ಆರ್. ಕರ್ನಾಟಕ, 585437

Address
S/O: Kishanrao, 2/96, main road,
Kinniwadi, Kinn. (Sevanagar),
Bidar, Kinn., Karnataka, 585437

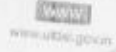
9986 2615 6530



1800 300 1947



help@uidai.gov.in




www.uidai.gov.in

Form 49A

Under section 139A of the Income-Tax Act, 1961



PAN Application Acknowledgment Receipt For Form 49A (Physical Application)

Received Rs. 107.00/- (incl of taxes) from	SHRI GANESH	
Application No./Coupon No.	U-A085681004	
Name to be printed on PAN card	GANESH	A085681004
Gender	MALE	
Date of Birth/Incorporation	15/05/2007	
Father's Name	KISHAN	
Aadhaar Number/EID Number	XXXX-XXXX-6530 (MENTIONED, MATCHED)*	
Name as per Aadhaar	GANESH	
Applicant's Contact details	9611551753 / xeroxsribhagyavanti@gmail.com	
Communication Address	RESIDENCE	
Residence State	KARNATAKA	
Office State	KARNATAKA	
Proof of Identity	AADHAAR Card issued by UIDAI (In Copy)	
Proof of Address	AADHAAR Card issued by UIDAI (In Copy)	
Proof of DOB	AADHAAR Card issued by UIDAI (In Copy)	
Date of Receipt	22/12/2023 01:57:54	
Mode of Pancard	Both physical PAN and e-PAN Card	
Payment Ref No	UTIHFMKD1505867229 / PY0119402284	
Payment Date	22/12/2023 02:04:13	

*AADHAAR MATCHED USING DEMOGRAPHIC DETAILS - WILL BE LINKED WITH PAN.

PAN Service Center Code **MALLI2339**

MALLIKARJUN

PAN Service Center Name **MALLIKARJUN**

(Sign/Stamp)

Received for submission to UTIITSL

Centre Contact Details:

**MALLIKARJUNSBHANDARI87@GMAIL.COM
/9902306392**

To know your PAN Application status, you may visit our website: <https://www.utiitsl.com>.
As per instruction from Income Tax Department, an authorized agency's 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.

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Unique Identification Authority of India
Government of India

ಸೇವಾಧಾರಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No. : 0821/81002/02684

27/12/2016
To
Kishan
ಕಿಶನ್
S/O: Bommanna
at Kinni Wadi Post sharan Nagar
Kinni (Sevanagar)
Kinni, Basavakalyan, Bidar,
Karnataka - 585437
7899089823



KA031089135FH
03108913



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

3338 6174 5796

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India



ಕಿಶನ್
Kishan

ಜನ್ಮ ದಿನಾಂಕ / DOB: 01/01/1975

ಲಿಂಗ / Male

3338 6174 5796



ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು