

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	JOY MANDI
Application No./Coupon No.	PF945676268
Name to be printed on PAN card	JOY MANDI
Date of Birth/Incorporation	13/03/2001
Applicant's Contact details	8509108621/MITRASUBHADIP335@GMAIL.COM
Communication Address	NA
Residence State	NA
Office State	NA
Proof of Identity	Agreement (In Copy)
Proof of Address	Agreement (In Copy)
Proof of DOB	Agreement (In Copy)
Date of Receipt	2024-01-25 14:36:42
Mode of Pancard	Both physical PAN and e-PAN Card
Payment Ref No	kKikjvObRuUPTTzVpZhF / PY0117009955
Payment Date	2024-01-25 14:35:42

PAN Service Center Code SUBHADIP10502-R
PAN Service Center Name SUBHADIP MITRA
Centre Contact Details: subhadip2804@gmail.com
/9775741006

SUBHADIP MITRA
(Sign/Stamp)

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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[Close](#)



Application Number: A087611269

Payment Reference: VZJZgTz1OF3jjTXqfxTy / PY0122193087

Payment Date: 25/01/2024 Rs.107.00/-

Application Source: EWALLET - B38 - BITS PAN INDIA

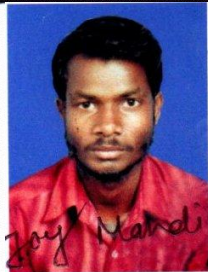
Application Date: 25/01/2024

User Id: ASB

User Name: ASB

PAN CARD MODE : Both physical PAN and e-PAN Card

Application Mode : Physical Application



across this photo

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 mistakes, please follow the accompanying instructions and examples before filling up the form.

Assessing officer (AO code)

Area code			AO type		Range code			AO No.	
W	B	G	W		2	0	1	9	2



Joy Manda

Signature/Left Thumb Impression

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

M A N D I

First Name

J O Y

Middle Name

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

J O Y M A N D 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☐ 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

1 3

Month

0 3

Year

2 0 0 1

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.

Fathers's Name (Mandatory except where mother is a single parent and PAN is applied by furnishing the name of mother only)

Last Name / Surname

M A N D I

First Name

S U N I L

Middle Name

Mothers'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 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)

7 Address

Residence 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 / Zip code

Country Name

W E S T B E N G A L

7 2 2 1 5 8

I N D I A

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

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

8 5 0 9 1 0 8 6 2 1

Email ID

MITRASUBHADIP335@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/The Enrolment ID of Aadhaar application form as per section 139AA

Please mention your AADHAAR number (if allotted)

5 3 3 2 2 9 4 5 4 8 9 5

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

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

J O Y M A N D I

13 Source of Income



Salary



Income from House property



No income

Please select, ☒ as applicable

Capital Gains



Income from Business / Profession

Business/Profession code



[For Code: Refer instructions]



Income from Other sources

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 (DOB)

I/We 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 applicable]

[Annexure A, Annexure B & Annexure C are to be used wherever applicable]

16 I/We JOY MANDI 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 : PATHARDIHI

Date : D D M M Y Y Y Y
2 5 0 1 2 0 2 4

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

A087611269



भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

Enrollment No. : 2906/05754/00111

To
JOY MANDI

C/O: Sunil Mandi,
VTC: Pathardihi, PO: Gossindihi,
Sub District: Saltora, District: Bankura,
State: West Bengal, PIN Code: 722158,
Mobile: 8509108621

80139201



KF801392013F1



आपका आधार क्रमांक / Your Aadhaar No. :

5332 2945 4895

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



Issue Date: 09/10/2014



JOY MANDI
DOB: 13/03/2001
Male

5332 2945 4895

मेरा आधार, मेरी पहचान