



Application Number: A104922331
Payment Reference: UTIPFQAYD59414201297 / PY014858860
Payment Date: 01/02/2025 Rs.107.00/-

Inward Number Bar Code

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

Application Date: 01/02/2025

User Id: MDMAH6437

User Name: MDMAH6437

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]

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	C		1	0	1	1	

Signature/Left thumb impression
across this photo

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

H A S D A

First Name

H A N J A L

Middle Name

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

H A N J A L H A S D 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 Month Year
2 1 0 1 1 9 7 8

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

H A S D A

First Name

L A K S H I R A M

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

N O 0 1 2
L A D H I T A L P A R A
G O H A R R A H
G O A L P O K H E R 2
N O R T H D I N A J P U R

Pincode / Zip code

Country Name

W E S T B E N G A L

7 3 3 2 0 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 2 9 3 0 5 1 0 9 8

Email ID

mknoor054@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)

3 5 2 9 0 8 5 9 5 5 6 9

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

NOT APPLICABLE WEF 0 1 1 0 2 0 2 4

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

HANJAL HASDA

13 Source of Income

☐ Salary☐ Income from House property☒ No incomePlease 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 HANJAL HASDA, 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 : LADHI

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

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



भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 2837/09316/01099

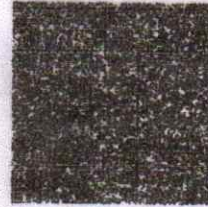
Download Date: 02/03/2021

To
हंजल हसदा
Hanjal Hasda
C/O: Lakshiram Hasda
Ladhi Mahidaspara Para
Chakalla
Chakulia Hat
Uttar Dinajpur West Bengal - 733211
7076188018

Issue Date: 20/02/2021

Validity: unknown

CHAKULIA CHAKULIA
AUTHORITY OF INDIA
DATE: 20/02/2021 17:20:48



आपका आधार क्रमांक / Your Aadhaar No. :

3529 0859 5569

VID : 9120 5672 5594 2638

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



Download Date: 02/03/2021



हंजल हसदा
Hanjal Hasda
जन्म तिथि/DOB: 21/01/1978
पुरुष/ MALE

Issue Date: 20/02/2021

3529 0859 5569

VID : 9120 5672 5594 2638

मेरा आधार, मेरी पहचान

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