Sukhendu Maity

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

Assessing officer (AO code) A1241322 25

Area code	AO type	Range code	AO No.

Sukhendu Maity

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: MAITY
First Name: SUKHENDU
Middle Name:

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

SUKHENDU MAITY

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 **(please tick as applicable)**

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

Day: 27 Month: 08 Year: 2008

6 **Details of Parents (applicable only for individual applicants),**
Father's Name : (Mandatory, Even married women should fill in father's name only)

Last Name / Surname: MAITY
First Name: GANESH
Middle Name:

Mother's Name (optional)

Last Name / Surname: MAITY
First Name: MENAKA
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)*

7 **Address**

Residence Address

Flat / Room / Door / Block No.: C/O - GANESH MAITY
Name of Premises / Building / Village: DAKSHIN CHARAIKHEYA
Road / Street / Lane/Post Office: BATMILE
Area / Locality / Taluka/ Sub- Division: CONTAI
Town / City / District: PURBA MEDINIPUR

State / Union Territory: W.B. | Pincode / Zip code: 721452 | Country Name: INDIA

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:

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: 7001060448

Email ID: URMILAELECTRONICSSJ@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.)

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) 414305225918

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: SUKHENDU MAITY

13 Source of Income

☐ Salary

☐ Income from Business / Profession Business/Profession code [For Code: Refer instructions]

☑ Income from House property

Please select, ☑ as applicable

☐ Capital Gains

☐ Income from Other sources

☐ No income

14 Representative Assessee (RA)

Full name, address of the Representative Assessee, who is assessible 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 as proof of identity, -DO- as proof of address and -DO- 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 SUKHENDU MAITY, the applicant, in the capacity of SELF do hereby declare that what is stated above is true to the best of my/our information and belief.

Place : SATMILE

Date : D D M M Y Y Y Y 04092026

Sukhendu Maity

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

भारत सरकार
Government of India

आधार

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

Enrolment No.: 2834/09094/01816

To
Sukhendu Maity
Dakshincharaikheya,
VTC: Dakshin Charai Khia,
PO: Satmile,
Sub District: Contai-I,
District: Purba Mednipur,
State: West Bengal,
PIN Code: 721452,
Mobile: 7001060448

Signature valid

आपका आधार क्रमांक / Your Aadhaar No. :

4143 0522 5918

VID : 9140 1711 3625 6723

मेरा आधार, मेरी पहचान

भारत सरकार
Government of India

आधार

Aadhaar no. issued: 25/01/2017

Sukhendu Maity
Date of Birth/DOB: 27/08/2008
Male/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/ ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।

Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

4143 0522 5918

मेरा आधार, मेरी पहचान

Government of India

AADHAAR

सूचना / INFORMATION

- आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं। जन्मतिथि आधार नंबर धारक द्वारा प्रस्तुत सूचना और विनियमों में विनिर्दिष्ट जन्मतिथि के प्रमाण के दस्तावेज पर आधारित है।
- इस आधार पत्र को यूआईडीएआई द्वारा नियुक्त प्रमाणीकरण एजेंसी के जरिए ऑनलाइन प्रमाणीकरण के द्वारा सत्यापित किया जाना चाहिए या ऐप स्टोर में उपलब्ध एमआधार या आधार क्यूआर कोड स्कैनर ऐप से क्यूआर कोड को स्कैन करके या www.uidai.gov.in. पर उपलब्ध सुरक्षित क्यूआर कोड रीडर का उपयोग करके सत्यापित किया जाना चाहिए।
- आधार विशिष्ट और सुरक्षित है।
- पहचान और पते के समर्थन में दस्तावेजों को आधार के लिए नामांकन की तारीख से प्रत्येक 10 वर्ष में कम से कम एक बार आधार में अपडेट कराना चाहिए।
- आधार विभिन्न सरकारी और गैर-सरकारी लाभों/सेवाओं का लाभ लेने में सहायता करता है।
- आधार में अपना मोबाइल नंबर और ईमेल अपडेटेड अपडेट रखें।
- आधार सेवाओं का लाभ लेने के लिए एमआधार ऐप डाउनलोड करें।
- आधार/बॉयोमेट्रिक्स का उपयोग न करने के समय सुरक्षा सुनिश्चित करने के लिए आधार/बॉयोमेट्रिक्स लॉक/अनलॉक सुविधा का उपयोग करें।
- आधार की मांग करने वाले सहमति लेने के लिए बाध्य हैं।

- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on www.uidai.gov.in.
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent.

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

AADHAAR

Details as on: 22/11/2024

Address:
Dakshincharaikheya, Dakshin Charai Khia,
PO: Satmile, DIST: Purba Mednipur,
West Bengal - 721452

4143 0522 5918

VID : 9140 1711 3625 6723

1947 | help@uidai.gov.in | www.uidai.gov.in

Sukhendu Maity

(Form No. 5)
(ফরম নং ৫)

No. 527492

(See Rule No. 9 of West Bengal Registration of Births and Deaths Rules 2000)
(পশ্চিমবঙ্গ জন্ম- মৃত্যু রেজিস্ট্রেশন বিধি, ২০০০ - ৯ নং বিধি দেখুন)

GOVERNMENT OF WEST BENGAL
(পশ্চিমবঙ্গ সরকার)

DEPERTMENT OF HEALTH & FAMILY WELFARE
(স্বাস্থ্য ও পরিবার কল্যাণ দপ্তর)

CERTIFICATE OF BIRTH

জন্ম প্রমাণপত্র

[Issued under Sec. 17 of the Registration of Births and Deaths Act. 1969]
[১৯৬৯ সনের জন্ম-মৃত্যু রেজিষ্ট্রিকরণ আইনের ১২ / ১৭ ধারা অনুযায়ী প্রদত্ত হইল]

This is to certify that the following information has been taken from the original record of birth which is in the register for Contai SD Hospital of Contai P.S. Purba Medinipur District of West Bengal.
(Local area)

(এই কর্মে নিশ্চিতভাবে জ্ঞাত করা যাইতেছে যে নিম্নবর্ণিত বিবরণী মূল জন্ম নথি হইতে লওয়া হইয়াছে। উক্ত নথি পশ্চিমবঙ্গ রাজ্যের ..... জেলা ..... থানার অন্তর্ভুক্ত ..... এর জন্ম রেজিষ্টারে লিপিবদ্ধ আছে।)
(স্থানীয় এলাকা)

Name (নাম): Sukhendu Maity

Sex (স্ত্রী / পুং): Male

Date of Birth : (জন্ম তারিখ) 27/08/2008

Place of Birth : (জন্ম স্থান) Contai SD Hospital

Name of Father : (পিতার নাম) Ganesh Maity

Name of Mother : (মাতার নাম) Menaka Maity

Date : (তারিখ) 08/09/2008

Registration No. : (রেজিস্ট্রেশন নং) 2541

Date of Ragistration : (রেজিস্ট্রেশনের তারিখ) 28/08/2008

(Signature of Issuing Authority)
(প্রদানকারী কর্তৃপক্ষের স্বাক্ষর)

(Seal) (শীলমোহর) Sub-Registrar, Births & Deaths, Contai S D Hospital, Purba ...

Sukhendu Maity

PAN Application Acknowledgment Receipt For Form No. 93
(Physical Application)

Received Rs. 107.00/- (incl of taxes) from	**SUKHENDU MAITY**
Application No./Coupon No.	**U-A124132225**
Gender	**MALE**
Date of Birth	**27/08/2008**
Parent Name (On Card)	**GANESH MAITY**
Aadhaar Number	**XXXX-XXXX-5918** (MENTIONED, MATCHED)*
Name as per Aadhaar	**SUKHENDU MAITY**
Applicant's Contact details(Mobile/Landline/email)	**7001060448 / urmilaelectronicssj@gmail.com**
Communication Address	**RESIDENCE**
Residence State	**WEST BENGAL**
Proof of Identity	**AADHAAR Card issued by UIDAI (In Copy)**
Proof of Address	**AADHAAR Card issued by UIDAI (In Copy)**
Proof of DOB	**Birth Certificate issued by Municipal Authority or any office authorized to issue Birth & Death Certificate by Registrar of Birth and Deaths or the Indian Consulate (In Copy)**
Date of Receipt	**04/09/2026 01:58:33**
Mode of PAN Card	**Both physical PAN and e-PAN Card**
Payment Ref No	**UTIXIGNCL31794410199 / PY0180305567**
Payment Date	**04/09/2026 01:52:05**

A124132225

*AADHAAR MATCHED USING DEMOGRAPHIC DETAILS

PAN Service Center Code **SUSHA59585**

PAN Service Center Name **SUSHANTA JANA**

SUSHANTA JANA
(Sign/Stamp)
Received for submission to UTIITSL

Centre Contact Details:
URMILAELECTRONICSSJ@GMAIL.COM
/9775551209

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.