A123197512

Application Number: A123197512
Payment Reference: UTITWAOXN38043396069 / PY0178781417
Payment Date: 02/08/2026 Rs.107.00/-

Application Source: EWALLET - B48 - RAR ONLINEPSA COMMUNICATIONS PVT LTD **Application Date:** 02/08/2026

User Id: HASEM16858 **User Name:** HASEM16858

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

FORM NO. 93
[See rule 158]
Application for Allotment of Permanent Account Number
[For an Individual being a Citizen of India]

S. No.		PART A - Personal Information
1	**A. Name** **First Name** **Middle Name** **Last Name**	ARJU BISWAS
	B. Name *(as per Aadhaar)*	ARJU BISWAS
2	**Gender** *(select one)*	☑ Male ☐ Female ☐ Transgender
3	**Date of Birth**	20 03 2016
4	**Aadhaar Number**	467186254520
5	**Residence Address** Flat/Door/Building Road/Street/ Block/Sector Post Office Area/Locality/Town/City District State/Union Territory	S/O MAJAR USL SK ROWJAPARA DAFARPUR JANGIPUR MURSHIDABAD WEST BENGAL **PIN/ZIPCODE** 742227 **Country/Region** INDIA
6	**Office Address** Flat/Door/Building Road/Street/ Block/Sector Post Office Area/Locality/Town/City District State/Union Territory	ROWJAPARA NEAR MASJID DAFARPUR JANGIPUR MURSHIDABAD WEST BENGAL **PIN/ZIPCODE** 742227 **Country/Region** INDIA
7	**Residential Status** *(select one as applicable)*	☑ Resident ☐ Non Resident ☐ Resident but Not ordinarily Resident
8	**Passport Number** (mandatory for) (i) Non-Resident (ii) Resident but not ordinarily resident)	
9	**Taxpayer Identification Number** (TIN) in the Country of Residence *(if any)*	
10	**Contact Details** (i) Mobile Number (ii) Email ID (iii) Landline No. with STD Code *(if any)*	Country Code +91 Mobile Number 8436844339 ctonline72@gmail.com Area/STD Code Landline Number
		PART B- Source of Income
11	**Source of Income** *(select one or more)*	☐ Salary ☐ Income from Business/Profession ☐ Income from House Property ☐ Capital Gains ☐ Income from Other Sources ☑ No Income

PART C - Details of Parents

12	**Whether mother/father is a single parent?** *(select one)*	☐ Yes ☑ No
13	**Father's name** **First Name** **Middle Name** **Last Name**	MAJARUL SK
14	**Mother's Name** **First Name** **Middle Name** **Last Name**	ANJERA KHATUN
15	**Name of parent to be printed on Permanent Account Number card** *(select one)*	☑ Father ☐ Mother

PART D - Assessing Offcer Code (AO Code)

16	**AO Code Details**	(i) Area Code: WBG (ii) AO Type: W (iii) Range Code: 156 (iv) AO No.: 93

PART E- Representative Assessee, if applicable

17	**Representative Assessee Name** **First Name** **Middle Name** **Last Name**	MAJARUL SK
18	**Permanent Account Number** *(if any)*	
19	**Aadhaar Number** *(if Permanent Account Number is not available)*	474868834502
20	**Representative Assessee Address** Flat/Door/Building Road/Street/ Block/Sector Post Office Area/Locality/Town/City District State/Union Territory*	ROWJAPARA NEAR MASJID DAFARPUR JANGIPUR MURSHIDABAD WEST BENGAL **PIN/ZIPCODE** 742227 **Country/Region** INDIA
21	**Contact Details** (i) Mobile Number (ii) Email ID (iii) Landline No. with STD Code *(if any)*	Country Code 91 Mobile Number 8436844339 ctonline72@gmail.com Area/STD Code: Landline Number:

Part F: Communication Address

22	**Address for Communication** *(select one)*	☑ Residence Address ☐ Representative Assessee Address ☐ Office Address

Part G: Declaration by Applicant or by Representative Assessee on behalf of the Applicant

23	**Documents submitted as Proof of Identity, Proof of Address and Proof of Date of Birth of the Applicant**	
	(i) Proof of Identity	AADHAAR Card issued by UIDAI (In Copy)
	(ii) Proof of Address	AADHAAR Card issued by UIDAI (In Copy)
	(iii) Proof of Date of Birth	Birth Certificate issued by Municipal Authority or any office authorized to issue
24	**Documents submitted as Proof of Identity, Proof of Address of Representative Assessee**	
	(i) Proof of Identity	AADHAAR Card issued by UIDAI (In Copy)
	(ii) Proof of Address	AADHAAR Card issued by UIDAI (In Copy)

Verification & Declaration

a. I, MAJARUL SK, in the capacity of REPRESENTATIVE ASSESSEE (Self/Representative Assessee) do hereby declare that what is stated above is true to the best of my knowledge and belief.

b. I declare that the applicant does not possess Permanent Account Number and shall be liable for legal consequences under income-tax Act, 2025 if this declaration is found to be incorrect.

Place MURSHIDABAD

Date 02/08/2026

(Signature /Left Hand Thumb Impression of Applicant or Representative Assessee)

Name: MAJARUL SK

Designation: REPRESENTATIVE ASSESSEI

ভারত সরকার
Government of India

ভারতীয় বিশিষ্ট পরিচয় প্রাধিকরণ
Unique Identification Authority of India

তালিকাভুক্তির আই ডি / Enrollment No. : 0000/00359/40812

To
Majarul Sk
মাজারুল সেখ
C/O MATIBUR RAHAMAN,
ROWJAPARA,
DAFARPUR,
VTC: Dafarpur, PO: Dafarpur,
District: Murshidabad,
State: West Bengal, PIN Code: 742227
Mobile: 8670935959

11835998

KC118359984FL

আপনার আধার সংখ্যা / Your Aadhaar No. :

4748 6883 4502

আমার আধার, আমার পরিচয়

ভারত সরকার
Government of India

Issue Date: 02/04/2015

মাজারুল সেখ
Majarul Sk
জন্মতারিখ / DOB: 02/03/1991
পুরুষ / Male

4748 6883 4502

আমার আধার, আমার পরিচয়

भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

Enrolment No.: 0000/00836/84532

To
ARJU BISWAS
C/O Majarul Sk,
ROWJAPARA,
DAFARPUR,
VTC: Dafarpur,
PO: Dafarpur,
District: Murshidabad,
State: West Bengal,
PIN Code: 742227
Mobile: 8436844339

Signature valid

आपका आधार क्रमांक / Your Aadhaar No. :

4671 8625 4520

VID : 9129 7669 3218 8981

मेरा आधार, मेरी पहचान

भारत सरकार
Government of India

Aadhaar no. issued: 14/02/2017

ARJU BISWAS
Date of Birth/DOB: 20/03/2016
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).

4671 8625 4520

मेरा आधार, मेरी पहचान

ফর্ম-৫
Form-5

GOVERNMENT OF WEST BENGAL
DEPARTMENT OF HEALTH AND FAMILY WELFARE

BLOCK PRIMARY HEALTH CENTRE RAJNAGAR

BIRTH CERTIFICATE

(ISSUED UNDER SECTION 12/17 OF THE REGISTRATION OF BIRTHS & DEATHS ACT, 1969 AND RULE 8/13 OF THE WEST BENGAL REGISTRATION OF BIRTHS & DEATHS RULES 2000.)

THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF BIRTH WHICH IS THE REGISTER FOR BLOCK PRIMARY HEALTH CENTRE RAJNAGAR OF BLOCK/MUNICIPALITY RAGHUNATHGANJ - I OF DISTRICT MURSHIDABAD OF STATE WEST BENGAL, INDIA.

NAME :	ARJU BISWAS	GENDER :	FEMALE
DATE OF BIRTH :	20/03/2016	PLACE OF BIRTH :	BLOCK PRIMARY HEALTH CENTRE RAJNAGAR, RAGHUNATHGANJ - I, MURSHIDABAD, WEST BENGAL
NAME OF MOTHER :	ANJERA KHATUN	NAME OF FATHER :	MAJARUL SK
MOTHER'S IDENTITY PROOF :	AADHAAR-XXXXXXXX0259	FATHER'S IDENTITY PROOF :	AADHAAR- XXXXXXXX4502
PRESENT ADDRESS OF MOTHER AT THE TIME BIRTH OF THE CHILD :	STREET/LANE:- ROWJAPARA,LOCALITY:- DAFARPUR, VILLAGE/TOWN:- DAFARPUR (CT),RAGHUNATHGANJ - I BLOCK,DIST:- MURSHIDABAD,WEST BENGAL-742227		
PERMANENT ADDRESS OF MOTHER :	STREET/LANE:- ROWJAPARA,LOCALITY:- DAFARPUR, VILLAGE/TOWN:- DAFARPUR (CT),RAGHUNATHGANJ - I BLOCK,DIST:- MURSHIDABAD,WEST BENGAL-742227		
CERTIFICATE NO :	B/2024/0500152 OLD Reg. No- 1371	DATE OF REGISTRATION :	28/03/2016
S-UHID :	24176931936308	REMARKS (IF ANY) :	
DATE OF ISSUE :	28/03/2016	UDIN :	----
UPDATED ON :	2024-04-03 12:00:22	ISSUING AUTHORITY :	

Signature valid
Digitally Signed
Name: SAHIBUL ISLAM
Date: 04-Apr-2024 12:37:22

REGISTRAR (BIRTH & DEATH)
BLOCK PRIMARY HEALTH CENTRE
RAJNAGAR

"THIS IS A COMPUTER GENERATED CERTIFICATE."
THE GOVT.OF INDIA VIDE CIRCULAR NO. 1 / 12 / 2014 - VS(CRS) DATED 27 - JULY - 2015
HAS APPROVED THIS CERTIFICATE AS A VALID LEGAL DOCUMENT FOR ALL OFFICIAL PURPOSES

"ENSURE REGISTRATION OF EVERY BIRTH AND DEATH"