



Application Number: A125466588

Payment Reference: UTIGLQMSX09642433837 / PY0182511081

Payment Date: 23/10/2026 Rs.107.00/-

Inward Number Bar Code

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

Application Date: 23/10/2026

User Id: SUNIL57540

User Name: SUNIL57540

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

R E N D U
M A J H I

B. Name (as per Aadhaar)

R E N D U M A J H I

2

Gender (select one)

☒ Male ☐ Female ☐ Transgender

3

Date of Birth

0 2 0 5 2 0 0 7

4

Aadhaar Number

2 6 2 1 1 4 6 5 0 1 9 9

5

Residence Address

Flat/Door/Building

Road/Street/ Block/Sector

Post Office

Area/Locality/Town/City

District

State/Union Territory

G U M U
T U M U D I B A N D H A
B E L A G H A R A
T U M U D I B A N D H A
K A N D H A M A L

ODISHA

PIN/ZIPCODE 7 6 2 1 0 7

Country/Region INDIA

6

Office Address

Flat/Door/Building

Road/Street/ Block/Sector

Post Office

Area/Locality/Town/City

District

State/Union Territory

PIN/ZIPCODE

Country/Region

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

Country Code

9 1

Mobile Number

6 3 5 2 9 9 3 9 0 6

(ii) Email ID

majhirabin545@gmail.com

(iii) Landline No. with STD Code
(if any)

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 K E U R A
Middle Name
Last Name M A J H I

14 Mother's Name
First Name
Middle Name
Last Name

15 Name of parent to be printed on Permanent Account Number card (select one) ☒ Father ☐ Mother

PART D - Assessing Officer Code (AO Code)

16 AO Code Details
Area Code (i) B B N AO Type (ii) W Range Code (iii) 7 AO No. (iv) 9 6

PART E - Representative Assessee, if applicable

17 Representative Assessee Name
First Name B A L M I K
Middle Name
Last Name M A J H I

18 Permanent Account Number (if any)

19 Aadhaar Number (if Permanent Account Number is not available) 1 0 9 8 0 3 2 1 6 0 5 6

20 Representative Assessee Address
Flat/Door/Building G U M U
Road/Street/ Block/Sector T U M U D I B A N D H A
Post Office G E L A G H A R A
Area/Locality/Town/City
District K A N D H A M A L
State/Union Territory ODISHA PIN/ZIPCODE 7 6 2 1 0 7
Country/Region INDIA

21 Contact Details
(i) Mobile Number Country Code 9 1 Mobile Number 6 3 5 2 9 9 3 9 0 6
(ii) Email ID sunilstar522@gmail.com
(iii) Landline No. with STD Code (if any) 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 Central Govt Health Scheme Card or Ex serviceman Contributory Health

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, RENDU MAJHI, in the capacity of SELF (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 KANDHAMAL

Date 23/10/2026

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

Name: RENDU MAJHI

Designation: SELF



Name/नाम

Rendu Majhi

ରେଣୁ ମାଝି

ABHA number/ଆଭା ସଂଖ୍ୟା

91-4177-7341-3113

ABHA address/ଆଭା ଠିକଣା

rendumajhi2026@abdm



Gender/ଲିଙ୍ଗ

Male/ପୁରୁଷ

Date of birth/ଜନ୍ମ ତାରିଖ

02-05-2007

Mobile/ମୋବାଇଲ

6352993906

Instructions

Toll- Free Number: 1800114477

- With this ABHA you have become a part of India's digital health ecosystem.
इस आभा के साथ आप भारत के डिजिटल हेल्थ इकोसिस्टम का हिस्सा बन गए हैं।
- ABHA provides you a unique identification and helps in storing - safekeeping all your digital health records at one place.
आभा आपको एक विशिष्ट पहचान प्रदान करता है और आपके सभी डिजिटल स्वास्थ्य रिकॉर्ड को सुरक्षित एक ही स्थान पर संग्रहीत रखने में मदद करता है।
- You can download the ABHA mobile app, Aarogya Setu or other ABDM enabled app to view and share your digital health records with ABDM registered healthcare service providers.
आप एबीडीएम पंजीकृत स्वास्थ्य सेवा प्रदाताओं के साथ अपने डिजिटल स्वास्थ्य रिकॉर्ड देखने और साझा करने के लिए आभा मोबाइल ऐप, आरोग्य सेतु या अन्य एबीडीएम सक्षम ऐप डाउनलोड कर सकते हैं।
- If this card is lost kindly download it from www.abha.abdm.gov.in, it is digitally acceptable.
यदि यह कार्ड खो जाता है तो कृपया इसे www.abha.abdm.gov.in से डाउनलोड करें, यह डिजिटल रूप से स्वीकार्य है।

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

Received Rs. 107.00/- (incl of taxes) from

Application No./Coupon No.

Gender

Date of Birth

Parent Name (On Card)

Aadhaar Number

Name as per Aadhaar

Applicant's Contact details(Mobile/
Landline/email)

Communication Address

Residence State

Proof of Identity

Proof of Address

Proof of DOB

Date of Receipt

Mode of PAN Card

Payment Ref No

Payment Date

*AADHAAR MATCHED USING DEMOGRAPHIC DETAILS

PAN Service Center Code

SUNIL57540PAN Service Center Name **SAGAR**

Centre Contact Details:

**SUNILBROTHER10@GMAIL.COM
/8260054574****RENDU****MAJHI****U-****A125466588****MALE****02/05/2007****KEURA MAJHI****XXXX-XXXX-0199** (MENTIONED, MATCHED)***RENDU MAJHI****6352993906 / majhirabin545@gmail.com****RESIDENCE****ODISHA****AADHAAR Card issued by UIDAI (In Copy)****AADHAAR Card issued by UIDAI (In Copy)****Central Govt Health Scheme Card or Ex serviceman
Contributory Health Scheme photo card (In Copy)****23/10/2026 01:08:40****Both physical PAN and e-PAN Card****UTIGLQMSX09642433837 / PY0182511081****23/10/2026 12:47:39****A125466588****SAGAR****(Sign/Stamp)**

Received for submission to UTIITSL

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.