



Application Number: A092557670  
 Payment Reference: 4117143720284156 / PY0129448836  
 Payment Date: 26/04/2024 Rs.107.00/-

Application Source: EWALLET - A - CSC E GOVERNANCE SERVICES INDIA LIMITED Application Date: 26/04/2024

User Id: 271223450018 User Name: 271223450018

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

Only Individuals to affix recent photograph (3.5 cm x 2.5 cm)  
 Signature/Left thumb impression 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.

Only Individuals to affix recent photograph (3.5 cm x 2.5 cm)

Assessing officer (AO code)

Area code	AO type	Range code	AO No.
W B G	W	1 3 9	9 2

*Principal*  
 Marajole Raj College  
 Narajole, Pin-721211

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: N A R A J O L E R A J C O L L E G E  
 First Name: \_\_\_\_\_  
 Middle Name: \_\_\_\_\_

2 Abbreviations of the above name, as you would like it, to be printed on the PAN card  
 N A R A J O L E R A J C O L L E G E

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: 2 5 Month: 0 1 Year: 2 0 1 0

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: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 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 \_\_\_\_\_

**Office Address**  
 Name of office: N A R A J O L E R A J C O L L E G E  
 Flat / Room / Door / Block No.: 0 2  
 Name of Premises / Building / Village: N A R A J O L E  
 Road / Street / Lane/Post Office: N A R A J O L E

Area / Locality / Taluka/ Sub- Division  
Town / City / District

G H A T A L  
W E S T M I D N A P O R E

W E S T B E N G A L 7 2 1 2 1 1 I N D I A

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 9 1 9 6 3 5 6 6 5 4 6 8

Email ID narajolerajcollege@rediffmail.com

10 Status of applicant

Please select status,  as applicable  Government  
 Individual  Hindu undivided family  Company  Partnership Firm  Association of Persons  
 Trusts  Body of Individuals  Local Authority  Artificial Juridical Persons  Limited Liability Partnership

11 Registration Number (for company, firms, LLPs etc.)

1 9 C A L N 0 3 0 8 7 A 1 D L

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)

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

13 Source of Income

Salary  Income from House property  No income  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 Any Other Document originating as proof of identity, Any Other Document originating

as proof of address and Any Other Document originating 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 BARUN ROUT the applicant, in the capacity of AUTHORIZED SIGNATUREE

do hereby declare that what is stated above is true to the best of my/our information and belief.

Place NARAJOLE

Date 2 6 0 4 2 0 2 4

Principal  
Narajole Raj College  
Narajole, Pin-721014

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

Ph. 23236351, 23232701, 23237721  
23234116, 23235733, 23232317  
23236735, 23239437, 23239627

Extension No. 413 (CPP-I Colleges)  
UGC Website: [www.ugc.ac.in](http://www.ugc.ac.in)



विश्वविद्यालय अनुदान आयोग  
बहादुरशाह जफार मार्ग  
नई दिल्ली-110 002  
UNIVERSITY GRANTS COMMISSION  
BAHADURSHAH ZAFAR MARG  
NEW DELHI-110 002

SPEED POST

F. No. 1-1/2004 (CPP-I)

January, 2010

The Principal,  
Narajole Raj College,  
Narajole,  
Dist. Midnapore – 721 211,  
West Bengal.

25 JAN 2010

Sub: - Recognition of Narajole Raj College, Narajole, Dist. Midnapore – 721 211,  
West Bengal, under Section 2 (f) & 12 (B) of the UGC Act, 1956.

Sir,

With reference to the letter No. NRC/GL/Corres/206/34/09 dated 08-09-2009 on the above subject, I am directed to say that the name of **Narajole Raj College, Narajole, Dist. Midnapore – 721 211, West Bengal**, is included in the list of Colleges maintained under Section 2(f) & 12 (B) of the UGC Act, 1956 under the head Non-Government Colleges teaching upto Under Graduate Degree. The College is also eligible to receive Central assistance under Section 12 (B) of the UGC Act.

Yours faithfully,

S. Gulati

(Sunita Gulati)  
Section Officer



**Government of India**  
**Form GST REG-06**  
*[See Rule 10(1)]*

**Registration Certificate**

**Registration Number :** 19CALN03087A1DL

1.	<b>Legal Name</b>	NARAJOLE RAJ COLLEGE			
2.	<b>Trade Name, if any</b>	NARAJOLE RAJ COLLEGE			
3.	<b>Constitution of Business</b>	Authority or board or any other body notified by Central / State			
4.	<b>Address of Principal Place of Business</b>	NARAJOLE RAJ COLLEGE, NARAJOLE, DASPUR, West Medinipur, West Bengal, 721211			
5.	<b>Date of Liability</b>	11/09/2019			
6.	<b>Period of Validity</b>	From	11/09/2019	To	Not Applicable
7.	<b>Type of Registration</b>	Tax Deductor			
8.	<b>Particulars of Approving Authority</b>	West Bengal Goods and Services Tax Act, 2017			
Signature					
Name		Anup Kumar Biswas			
Designation		Superintendent			
Jurisdictional Office		WB072			
9. Date of issue of Certificate		16/09/2019			
Note: The registration certificate is required to be prominently displayed at all places of business in the State.					

This is a system generated digitally signed Registration Certificate issued based on the approval of application granted on 16/09/2019 by the jurisdictional authority.