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)

Aron and-	The state of the s		
Area code	AO type	Range code	AO No.

Sir,				Tigar	
I/We hereby request that a permanent a I/We give below necessary particulars:	account number be allotted	d to me/us.		2.1 -	
1 Full Name (Full expanded name to	o be mentioned as appea	ring in proof of id.		Signature / Le	ft Thumb Impression
1 Full Name (Full expanded name to Please select title, as applicable	le Shri	Smt. Kumari		dress documents:	initials are not permitte
Last Name / Surname	SHAH	Karrian	M/s		
First Name	TTUAD				
Middle Name	m 21110	1107			
2 Abbreviations of the above name,	as you would like it to I	HAI	6		
			N card		
JAWAR MAN	UBHAZ	SHAH			
3 Have you ever book known to					
3 Have you ever been known by any If yes, please give that other name	other name?	Yes No		(nlease tick	as applicable)
Please select title, \checkmark as applicable				(picase tick a	as applicable)
Last Name / Surname	Shri	mt. Kumari	M/s		
First Name					
Middle Name					
4 Gender (for Individual applicants of the control of the contr	only) Male	Female	Transgender		
5 Date of Birth/Incorporation/Agreem Day Month Year	nent/Partnership or Trust	Deed/ Formation of	Participant	(please tick a	s applicable)
Day Month Year	•	Decari officiation of	Body of individua	lls or Association o	of Persons
16 02 1960	7				
Details of Parents (applicable only f	— for individual applicants)				
twicther mother is a single parent and	you wish to apply for PAN	I by furnishing the na	me of your mother		
(picase tick as appli	icable)		ne or your mother i	only?	
If yes, please fill in mother's name in the	ne appropriate space provi	de below.			
Father's Name (Mandatory except w Last Name / Surname	here mother is a single p	parent and PAN is a	plied by furnishir	ig the name of mot	her only)
First Name	SHAH				[]
Middle Name	DANUBH	AI			
	PURSHD	TTAMD	AJ		
Mother's Name (optional except whe Last Name / Surname	re mother is a single par	ent and PAN is appl	ied by furnishing	the name of mothe	r only)
First Name					, , , , , , , , , , , , , , , , , , ,
Middle Name					
Select the name of either father or moth Father's name Mother's r	name (Places tick	e printed on PAN car	d (Select one only)		
(In case no option is provided then PAN by furnishing name of the mother only)'.	name (Please tick a card will be issued with far	<i>is applicable)</i> ther's name except w	here mother is a si	nale parent and ver-	
Address			and to d of	igie parent and you	wish to apply for PAN
Residence Address					
Flat / Room / Door / Block No.	401				
Name of Premises / Building / Village	6 7 000				
Road / Street / Lane/Post Office	STAVAN) 38 E		
Area / Locality / Taluka/ Sub- Division	. 1	ARDDHA	4 SCH	001	
Town / City / District	JODHPUI	RUAM	SATE	LLJTE	
State / Union Territory	AHMEDAI	BAD			
	Pincode / Z		untry Name		
MUJARAT	. 380	015	ALCINE		

Name of Pitenses / Building / Village Road / Street / Lamer / Pot Status 8 Address for Communication Town / City / District State / Union Territory Pincode / Zip code Country Name Residence Office (Please tick as applicable) Telephone / Mobile number Telephone / Mobile number Occurrity code Area/STD Code Telephone / Mobile number Trusts Soary of Individual Hindu undivided family Company Partnership Firm Association of Pers Association of Pers Trusts Soary of Individual Lindu undivided family Company Partnership Firm Association of Pers Trusts Soary of Individual Hindu undivided family Company Partnership Firm Association of Pers Trusts Soary of Individual Hindu undivided family Company Partnership Firm Association of Pers Trusts Soary of Individual Hindu undivided family Company Partnership Firm Association of Pers Trusts Soary of Individual Hindu undivided family Company Partnership Firm Association of Pers Trusts Soary of Individual Hindu undivided family Company Partnership Firm Association of Pers Trusts Soary of Individual Hindu undivided family Company Partnership Firm Association of Pers Trusts Soary of Individual Hindu undivided family Company Partnership Firm Association of Pers Trusts Soary of Individual Hindu undivided family Company Partnership Firm Association of Pers Trusts Soary of Individual Hindu undivided family Company Partnership Firm Association of Pers Name as per AADHAAR letter or card or as per the Emoinent ID of Aadhaar application form Individual In	Flat / Room / Door / Block No. Name of Premises / Building / Village Road / Street / Lane/Post Office Area / Locality / Taluka/ Sub- Division
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Registration Number (for company, firms, LLPs etc.) 13 Source of Income Salary	Road / Street / Lane/Post Office Area / Locality / Taluka/ Sub- Division
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Documents submitted as Proof of Identity (POI), Proof of Address (POA) and Proof of Date of Birth (POB)	Income from House property Representative Assessee (RA) Full name, address of the Representative been given in the column 1-13. Full Name (Full expanded name: initial Please select title, as applicable 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
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[Annexure A, Annexure B & Annexure C are to be used wherever applicable]	Income from House property Representative Assessee (RA) Full name, address of the Representative been given in the column 1-13. Full Name (Full expanded name: initial Please select title, as applicable 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 Pocuments submitted as Proof of Ident We have enclosed APPAR Please refer to the instructions (as specified)
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do hereby declare that what is stated above is true to the best of my/our information and belief.	Income from House property Representative Assessee (RA) Full name, address of the Representative been given in the column 1-13. Full Name (Full expanded name: initial Please select title, as applicable 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 Documents submitted as Proof of Ident We have enclosed Applications (as specified Annexure A, Annexure B & Annexure C are We The American State of the instructions (as specified Annexure A, Annexure B & Annexure C are
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