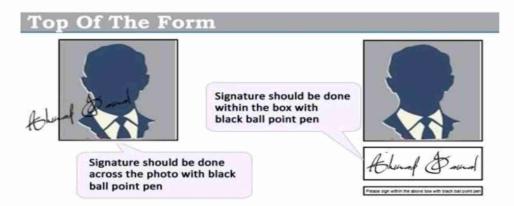
Form No. 49A

| Only 'Individuals' to affix recent photograph (3.5 cm X2.5 cm) | | Asse | | he ca | ase o | of In Indi), plea | idia ia/ U ase fo | n Ci Jnin ollow | cor | ns/ por | Indi ate See | ian dei eRuk | Con ntiti e 114 | npa es f | form | /En ne d | titie in I | es ir ndia | ico i] | rpo | | | | | | | to p | affix noto | rec grap | |
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| I/V | r, I/We hereby requevolve give below necested Full Name (full expended). Pleas Select title, | sary part anded na | ticular | s: o be i | | tione | | sap | | aring | | prod | | | ntity Kum | | dres | ss do | | nen | ts:in | | Sign/l | | | | • | | n | |
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| | First Name | | | | A | N | ī | K | Ē | T | | | | | | | | | | | | | | | | | | | | |
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| ۷. | Abbreviation of the | | | | u wo | bula | | | | —i | | | | • PA | AIN Ca | ira | _ | | | | | _ | | | _ | _ | _ | | <u> </u> | |
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| 3. | Have you ever bee if yes,please give tha | | - | y oth | er na | ame | ? | | | _ | |) | es_ | _ [_ | ✓ | N | 0 | | | | (| Ple | ase t | tick | as a | appl | icat | ole) | | |
| | Pleas Select title, | as a | pplical | ble | | Shri | | | | | Smt. | | | | Kumari | | | | M | 1/s | | | | | | | | | | |
| | Last Name/Surname | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 4 | Gender (for individ | ual annli | cant c | nlv) | | l | | ./ | _ n | /lale | 1 | | 1 | Fen | nale | | | - | Гran | SUB | nde | r/DI | ease | tic. | k ad | anı | nlic | able | | _ |
| | Date of birth/Incorp Day Month 2 7 0 2 | oration/A | Agreei ⁄ear | • , | /Part | ners | ship | or T | l | | | orm | | | | dy c | of In | _ | | | | • | | | | | | | , | |
| _ | Details of Parents (applicable only for individual applicants), Whether mother is single parents and you wish to apply for PANby furnishing the name of your mother only? Yes NO (Please tick as applicable flyes, please fill in mother's name in the appropriate space provided below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. | Whether mother is single If yes, please fill in mothe | parents and er's name in | d you w the app | vish to propriat | apply te spa | for Poce pro | ANb ovide | y furr d bel | nishir ow. | ng the | | | | | | Ĺ | hina | | | a af | [| hon | | O (I | Plea | ase 1 | tick | as a | pp | licable) |
| 6. | Whether mother is single If yes, please fill in mothe Father's Name (Mano | parents and er's name in datory exc | d you w the app | vish to propriat | apply te spa nothe | for Poce pro | ANb ovide a sig | y furred belonal p | nishir ow . pare | ng the nt an | | | | | | Ĺ | hing | | | e of | mot | her o | | 0 (1 | Plea | ase 1 | tick | as a | арр | licable) |
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| 8. Address For Communication | | ✓ | Resi | dence | | О | ffice | | | (Ple | ase tick | asa | pplica | ble) | |
|---|-------------------|--|-----------|------------|----------|--------------|--------------|------------------|----------|--------|------------|----------|----------|----------|---------|
| 9. Telephone Number & Email Id details | | | | | | | | | | | | | | | |
| Country code Area/STD Code Telephone/Mobile numberr | | | | | | | | | | | | | | | |
| 9 1 | | | للتال | 0 9 | L T L | | 0 0 | 9 9 | | | | | | | |
| Email ID | FASAT | EAN | IIKET | 5@GI | MAIL | COM | | | | | | | | | |
| 10.Status of applicant | | | | | | | | | | | | | | | |
| Please Select status, 🗸 as applicable | | | | | | | | | | | G | ovem | ment | | |
| Individual Hindu undivide | ed family | | Comp | oany | | P | artnersh | hip Firm | 1 | Ī | A | ssoci | ation o | of Perso | ons |
| Trusts Body of Individ | duals | | Local | Author | ity | | | | | Ī | Li | mited | d Liabil | ity Parl | nership |
| 11.Registration Number (for company, firm | L | | | | , r | Artifici | al Jurid | ical Per | sons | 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 Adhar number (If Alloted) 4 2 6 0 2 9 2 1 8 9 6 4 | | | | | | | | | | | | | | | |
| 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 Aa | ndhaar a | applicat | tion fo | rm | | | | | 1 1 | | | 1 1 | _ |
| | | | | | | | + | | | + | | | | | |
| | | | | | | | + | + | | | | | | | |
| 13.Source of Income | | | | | | | | | | | | | | | |
| | | | | | | | | | Plea | se S | elect 🗸 | ′ | as app | olicabl | е |
| Salary | | | | | | | | | | | | Capita | al Gair | ns | |
| Income from Business / Profession | Business/Pro | ofessi | on | | | [For Co | de: Refe | er instru | uctions | s] | | Incom | ne from | Other | sources |
| Income from House property | code | | | | | | | | | | √ | No in | come | | |
| 14.Representative Assessee (RA) | | | | | | | | | | | | | | | |
| Full name, address of the Representative A | ssessee, who is | asse | essible | under t | he Inc | ome Ta | x Act in | respec | t of th | ne per | son, wh | ose p | articul | ars hav | e |
| been given in the column 1-13. Full Name (Full expanded name: initial | s are not norm | nitted | ١ | | | | | | | | | | | | |
| Pleas Select title, as applicable | Shri | | Smt | . Г | \neg | Kumari | | П _М / | 's | | | | | | |
| Last Name/Sumame | | | J 0 | · <u>L</u> | + | T | | | | | | 1 1 | | 1 1 | |
| First Name | | | | | | | ++ | | | - | | | | | |
| Middle Name | | | | | | | + | | | | | | | | |
| Address | <u> </u> | 1 1 | ı | ı | | | 1 | 1 1 | | - | | | | | |
| Flat/Room/Door/Block No. | | | | | | | | | | | | | | | |
| Name of Premises/Building/Village | | | | | | | | | | | | | | | |
| Road/Street/Land/Post Office Area/Locality/Talika/Sub-Division | | | | | | | | | | | | | | ++ | |
| Town/City/District | | | | - | + | | - | + | | | | | | ++ | |
| State/Union Territory | | <u> </u> | Pinc | ode /Zi | ip co | de | | | | | | | | | |
| | | | | | | | INDIA | | | | | | | | |
| 15.Documents submitted as Proof of Identif | y (POI), Proof | of Ad | dress (| POA) a | and P | roof of | Date o | f Birth | (DOB) |) | | | | | |
| I/We have enclosed AADHAAR CARD (INITIALS NO | T ALLOWED IN AADI | HAR) | | · · · · | | as proof | of iden | ntity, | | | ARD ISSUE | | | | |
| as proof of address and AADHAR CARD (IF THEY | BEAR THE NAME, DA | ATE OF | BIRTH IN | DD/MM | YYYY) | as r | roof of | date of | <u> </u> | | | | | | |
| [Please refer to the instructions (as specifie | d in Rule 114 of | IT F | Rules 1 | 962) fo | r list (| | | | | ents i | to be su | hmitte | ed as a | annlica | blel |
| [Annexure A, Annexure B & Annexure C are | | | | | | or manac | acory oc | ortinoa c | | 0110 | 10 00 00 | D11111CC | ou uo v | арриос | 5.01 |
| 16.I/We ANIKET SUNIL FASATE | , the ap | plicar | nt, in th | e capa | city o | IN | DIVIDU | JAL | | | | | | | |
| do hereby declare that what is stated above | is true to the be | est of | my/our | r inform | ation | and beli | ef. | | | | | | | | |
| - WATO | | | | | | | | | | | | | | | |
| Place : KATOL | | | | | | | | | | | | | | | |
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| $D \ D \ M \ M \ Y \ Y \ Y$ | | | | | | | | | | | | | | | |
| Date: 1 4 0 6 2 0 2 0 | | | | | | | | | | | | | | | |
| | | | | Çi | nati ira | /I off T | umh le | nnressi | on of f | \nnlic | ant (insid | do the | hov) | | |
| | | | | Jigi | atult | . / Leit II | INI (II) III | .p. c3310 | JII OI F | Philic | un (111510 | uc u it | , DOX) | | |

Instruction Sheet for New PAN card Application (49A)

1. Print your PAN application form, Affix photo and sign as required. Photo should be passport or stamp size colour photo. Both the photos in application form must be similar.



Please be sure that signature is within box at top right of Application form and at last page of application form.

- 2. Copy of Adhaar is mandatory and Adhaar must show same and full name as mentioned in application form. If Adhaar show First and last name in Initials, then any other Photo ID proof is required along with Adhaar that show initial or full name.
- 3. Date of Birth Proof must show full date of birth in dd/mm/yyyy format.
- 4. Address proof must be in the name of the applicant, if applicant is above 18 years.
- 5. To receive PAN card at office address, original attested "Annexure B" is required. "Annexure B" must be attested by authorized signatory in office.
- 6. For applicants below 18 years, either mother or father or any guardian will sign on behalf of the applicant. Photo s hould be of the applicant. Person signing on behalf of minor applicant must provide his/her Photo Id and address proof. Adhaar card of Applicant is mandatory.
- 7. For applicants below 18 years, either mother or father or any guardian will sign on behalf of the applicant. Photo should be of the applicant. Person signing on behalf of minor applicant must provide his/her Photo Id and address proof. Adhaar card of Applicant is mandatory.
- 8. Mailing address to send application form:

AGGRIM SERVICES 3 B, Ground Floor, Lane No. 2 Kehar Singh State, Saidulajab Westend Marg, New Delhi-110030

Phone: 9643122658 (For post/courier purpose only. Please do not call on this number for queries related to processing of application).

For any queries, please write to us at: info@indiapan.in