

<div>Only 'Individuals' to affix recent colour photograph (3.5 cm x 2.5 cm)</div> <div>Signature of applicant across this photo</div>	<div>Form No. 49A</div> <div>Application for Allotment of Permanent Account Number</div> <div>[In the case of Indian Citizens/Indian Companies/Entities incorporated in India/Unincorporated entities formed in India]</div> <div>See Rule 114</div> <div><div></div><div>A3099537</div></div>	<div>Only 'Individuals' to affix recent colour photograph (3.5 cm x 2.5 cm)</div> <div>Signature of applicant (inside the box)</div>																																																																																																																								
<div>Assessing Officer (AO code)</div> <table><tr><td>Area Code</td><td>AO Type</td><td>Range Code</td><td>AO No.</td></tr><tr><td></td><td></td><td></td><td></td></tr></table>			Area Code	AO Type	Range Code	AO No.																																																																																																																				
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<div>Sir, I/We hereby request that a permanent account number be allotted to me/us. I/We give below necessary particulars:</div>																																																																																																																										
<div>1 Full Name (Full expanded name to be mentioned as appearing in proof of identity/address documents: initials are not permitted)</div> <div>Please select title, <input checked="" type="checkbox"/> as applicable <input type="checkbox"/> Shri <input checked="" type="checkbox"/> Smt. <input type="checkbox"/> Kumari <input type="checkbox"/> M/s</div> <div>Last Name / Surname First Name Middle Name</div> <table><tr><td>A</td><td>S</td><td>H</td><td>O</td><td>K</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>G</td><td>O</td><td>M</td><td>A</td><td>T</td><td>H</td><td>I</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>			A	S	H	O	K																G	O	M	A	T	H	I																																																																																													
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<div>2 Abbreviations of the above name, as you would like it, to be printed on the PAN card</div> <table><tr><td>G</td><td>O</td><td>M</td><td>A</td><td>T</td><td>H</td><td>I</td><td>A</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>			G	O	M	A	T	H	I	A																																																																																																																
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<div>3 Have you ever been known by any other name? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Please tick as applicable)</div> <div>If yes, please give that other name. Please select title, <input checked="" type="checkbox"/> as applicable <input type="checkbox"/> Shri <input type="checkbox"/> Smt. <input type="checkbox"/> Kumari <input type="checkbox"/> M/s</div> <div>Last Name / Surname First Name Middle Name</div> <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																																																																																																										
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<div>7 Address</div> <div>Residence Address</div> <div>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</div> <table><tr><td>O</td><td>.</td><td>N</td><td>O</td><td>.</td><td>1</td><td>,</td><td>N</td><td>.</td><td>N</td><td>O</td><td>.</td><td>2</td><td>1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>B</td><td>A</td><td>N</td><td>U</td><td></td><td>N</td><td>A</td><td>G</td><td>A</td><td>R</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>2</td><td>N</td><td>D</td><td></td><td>A</td><td>V</td><td>E</td><td>N</td><td>U</td><td>E</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>P</td><td>U</td><td>D</td><td>U</td><td>R</td><td>,</td><td>A</td><td>M</td><td>B</td><td>A</td><td>T</td><td>T</td><td>U</td><td>R</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>C</td><td>H</td><td>E</td><td>N</td><td>N</td><td>A</td><td>I</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <div>Pincode/Zipcode Country Name</div> <table><tr><td>TAMIL NADU</td><td>6</td><td>0</td><td>0</td><td>0</td><td>5</td><td>3</td><td>INDIA</td></tr></table>			O	.	N	O	.	1	,	N	.	N	O	.	2	1							B	A	N	U		N	A	G	A	R											2	N	D		A	V	E	N	U	E											P	U	D	U	R	,	A	M	B	A	T	T	U	R							C	H	E	N	N	A	I														TAMIL NADU	6	0	0	0	5	3	INDIA												
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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

[illegible]

I/We have enclosed	AADHAAR CARD ISSUED BY UIDAI	as proof of identity,
	AADHAAR CARD ISSUED BY UIDAI	as proof of address and
	AADHAAR CARD ISSUED BY UIDAI	as proof of date of birth.

16 I/We **GOMATHI ASHOK**, the applicant, in the capacity of **HERSELF**
do hereby declare that what is stated above is true to the best of my/our information and belief.

Place	CHENNAI
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	D	D	M	M	Y	Y	Y	Y
Date	2	3	1	1	2	0	2	0

Signature of applicant (inside the box)

✂----- Cut here & Paste on the envelope -----✂

FROM:
GOMATHI ASHOK
CUSTOMER CODE: A3099537
O.NO.1,N.NO.21 BANU NAGAR
2ND AVENUE PUDUR,AMBATTUR
CHENNAI
TAMIL NADU - 600053.

TO:
THEPANCARD.COM
DOOR NO. 41, 4TH FLOOR, TOWER I,
SHAKTHI TOWERS,
#766, ANNA SALAI, CHENNAI,
TAMIL NADU - 600002.