

Form 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]

Under section 139A of the Income Tax Act, 1961

Date: 30/07/2022

VleID:-AGT2269

[Print](#)

Only 'Individuals'
to affix recent,
photograph
(3.5cm X 2.5cm)

Signature / Left Thumb
Impression across this photo

Only 'Individuals'
to affix recent,
photograph
(3.5cm X 2.5cm)

Signature / Left Thumb Impression

Application Number: G063552255

Coupon Number: G063552255

Assessing Officer(AO Code)			
Area Code	AO Type	Range Code	AO No

1. Full Name (Full expanded name: initials are not permitted):			
Title:- SHRI	Last Name:- FAEQ	Middle Name:-	First Name:- AFFAN
2. Abbreviation of the above name, as you would like it, to be printed on the PAN card:- AFFAN FAEQ			
3. Have you been known by any other name? N			
	Last Name:-	Middle Name:-	First Name:-
4. Gender:-			M
5. Date of Birth / Incorporation/Agreement/Partnership or Trust Deed/Formation of Body of Individuals/Association of Persons:-			25/03/2004
6. Father's Name :			
Last Name:- AFTAB	Middle Name:- N/A	First Name:- SYED	

7. Address:-			
Residential Address:-			
Flat/Door/Block No.:-		NO 4/1	
Name of Premises/Building/Village:-		2ND MAIN ROAD	
Road/Street/Lane/Post Office:-		ANANDA GOKULA LAYOUT	
Area/Locality/Taluka/Sub-Division:-		KAVERINAGAR	
Town/City/District:- BENGALURU	State/Union Territory:- KARNATAKA	PIN Code:- 560032	Country:- INDIA
Official Address:-			
Office Name:-			
Flat/Door/Block No.:-			
Name of Premises/Building/Village:-			
Road/Street/Lane/Post Office:-			
Area/Locality/Taluka/Sub-Division:-			
Town/City/District:-	State/Union Territory:-	PIN Code:-	Country:-
8. Address for Communication:-		RESIDENCE	

9. Telephone Number & Email ID Details :-					
Country Code:-	91	Area/STD Code:-	Telephone/Mobile Number:-	9108318173	Email Address:- DIGITALCYBER.IRCTC2@GMAIL.COM
10. Status of the Applicant:-			Individual		
11. Registration Number(for Company,firms,LLP's etc):-					
12. Please Mention your AADHAAR Number(if allotted) :-			420977079174		
13.Source of Income					
Business/Profession code:-					

14. 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 colmns 1 to 13.			
SHRI	Last Name:- AFTAB	Middle Name:-	First Name:- SYED
Flat/Door/Block No.:-			NO 4/1
Name of Premises/Building/Village:-			2ND MAIN ROAD
Road/Street/Lane/Post Office:-			ANANDA GOKULA LAYOUT
Area/Locality/Taluka/Sub-Division:-			KAVERINAGAR
Town/City/District:- BENGALURU	State/Union Territory:- KARNATAKA	PIN Code:- 560032	

15. I/We have enclosed AADHAAR Card issued by UIDAI (In Copy) as Proof of Identity , AADHAAR Card issued by UIDAI (In Copy) as Proof of Address and AADHAAR Card issued by UIDAI (In Copy) as Proof of DOB.		
16. I/We AFFAN FAEQ ,the applicant,in the capacity of HIMSELF/HERSELF do hereby declare that what is stated above is true to the best of my/our information and belief.		
BANGALORE		
Place	Date	Signature/Left thumb impression of the applicant