



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)

Area code	AO type	Range code	AO No.
C H E	W	1 8 1	0 4

Sir,

I/We hereby request that a permanent account number be allotted to me/us.

I/We give below necessary particulars:

K. Sathesh

Signature / Left Thumb Impression

1 Full Name (Full expanded name to be mentioned as appearing in proof of identity/date of birth/address documents: initials are not permitted)

Please select title, ☒ as applicable☒ Shri ☐ Smt. ☐ Kumari ☐ M/s

Last Name / Surname

SATHESH

First Name

KUMAR

Middle Name

2 Abbreviations of the above name, as you would like it, to be printed on the PAN card

SATHESH K

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 (please tick as applicable)

5 Date of Birth/Incorporation/Agreement/Partnership or Trust Deed/ Formation of Body of individuals or Association of Persons

Day Month Year

16 01 1989

6 Details of Parents (applicable only for individual applicants)

Father's Name (Mandatory. Even married women should fill in father's name only)

Last Name / Surname

KUMAR

First Name

Middle Name

Mother's Name (optional)

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)

☒ Father's name ☐ Mother's name (Please tick as applicable)

7 Address

Residence Address

Flat / Room / Door / Block No.

55/37

Name of Premises / Building / Village

Road / Street / Lane/Post Office

WEST CAR STREET

Area / Locality / Taluka/ Sub- Division

PANRUTI

Town / City / District

CUDDALORE

State / Union Territory

Pincode / Zip code

Country Name

TAMIL NADU 607106 INDIA

Office Address

Name of office

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

8 Address for Communication☒ Residence☐ Office

(Please tick as applicable)

9 Telephone Number & Email ID details

Country code

Area/STD Code

Telephone / Mobile number

091

9500962982

Email ID

Satheesh90@gmail.com

10 Status of applicantPlease select status, ☒ as applicable☒ Individual☐ Hindu undivided family☐ Company☐ Partnership Firm☐ Government☐ Association of Persons☐ Trusts☐ Body of Individuals☐ Local Authority☐ Artificial Juridical Persons☐ Limited Liability Partnership**11 Registration Number (for company, firms, LLPs etc.)****12 In case of a person, who is required to quote Aadhar number or the Enrolment ID of Aadhar application form as per section 139 AA**

Please mention your AADHAAR number (if allotted) 293489297528

If AADHAAR number is not allotted, please mention the enrolment ID of Aadhaar application form

Name as per AADHAAR letter or card or as per the Enrolment ID of Aadhaar application form

SATHEESH K

13 Source of IncomePlease select, ☒ as applicable☐ Salary☐ Income from Business / Profession

Business/Profession code

[For Code: Refer instructions]

☐ Income from House property☐ Capital Gains☒ Income from Other sources☐ No income**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 (POB)

I/We have enclosed Aadhar as proof of identity, Aadhar

as proof of address and Aadhar 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 SATHEESH - K

HIMSELF

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

Place :

CUDDALORE

D D M M Y Y Y Y

Date :

19022018

K. Satheesh

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



இந்திய அரசாங்கம்

Government of India

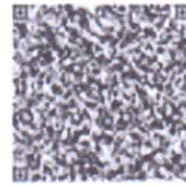


சத்தீஷ் கே

Satheesh K

பிறந்த நாள்/DOB: 16/01/1989

ஆண் / MALE



8760 3404 0688

எனது ஆதார். எனது அடையாளம்



இந்திய தனிப்பட்ட அடையாள ஆணைய அமைப்பு

Unique Identification Authority of India

முகவரி:

S/O குமார், 55/37 கதவு.எண், வ.உ.சி தெரு,
பண்ருட்டி, பண்ருட்டி, கட்டளை,
தமிழ்நாடு - 607106

Address:

S/O Kumar, 55/37, V.O.C. STREET,
PANRUTI, Panruti, Cuddalore,
Tamil Nadu - 607106



QR Code with Photograph

8760 3404 0688



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