

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: 11/05/2023
VleID:-PAY180022966

[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: G075661843
Coupon Number: G075661843

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:- YADAGIRI	Middle Name:-	First Name:- YENGU
2. Abbreviation of the above name, as you would like it, to be printed on the PAN card:- YENGU YADAGIRI			
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:- 01/09/1997			
6. Father's Name :			
Last Name:- BHAGAVANTHUDU	Middle Name:- N/A	First Name:- ENGU	

7. Address:-			
Residential Address:-			
Flat/Door/Block No.:-			4-73
Name of Premises/Building/Village:-			KODAKONDLA
Road/Street/Lane/Post Office:-			KODAKONDLA
Area/Locality/Taluka/Sub-Division:-			GAJWEL
Town/City/District:- MEDAK	State/Union Territory:- TELANGANA	PIN Code:- 502312	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:- 9553337653
Email Address:-		DARAMAHESH2848@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) :-		475917711874	
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 columns 1 to 13.			
	Last Name:-	Middle Name:-	First 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:-	

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 YENGU YADAGIRI ,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.

PRAGNAPUR		
Place	Date	Signature/Left thumb impression of the applicant