

2018071817316

Form No. 49A

Please stick (affix)
(3.5cm x 2.5cm) SIZE PHOTO
within the boxPlease sign within the below box
with black ball point pen

DO NOT SIGN ON THIS PHOTO

Step:1
Please stick (affix)
(3.5cm x 2.5cm) SIZE PHOTO
within the box**Step:2**
Please sign across the photo
with black ball point pen

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
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. |
|-----------|---------|------------|--------|
| | | | |

Sign with **black ball point pen** within the below boxSir, I/We hereby request that a permanent account number be allotted to me/us.
I/We give below necessary particulars:**1 Full Name (Full expanded name to be mentioned as appearing in proof of identity/address documents: initials are not permitted)**

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

Last Name / Surname **BANSOD**

First Name **ASHWAJIT**

Middle Name **PURUSHOTTAM**

2 Abbreviation of the above name, as you would like it, to be printed on the PAN card**ASHWAJIT PURUSHOTTAM BANSOD****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 applicant only) ☒ Male ☐ Female**5 Date of Birth/Incorporation/Agreement/Partnership/Trust Deed/ Formation of Body of individuals or Association of Persons**

| | | |
|-----|-------|------|
| Day | Month | Year |
| 05 | 02 | 1993 |

6 Father's Name(Only 'Individual' applicants:Even married women should fill in father's name only)

Last Name / Surname **BANSOD**

First Name **PURUSHOTTAM**

Middle Name **FAKIRA**

7 Address**Residence 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 / Zip code

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

Ward No 2

Hetikundi

Sawali(khurd)

Karanja

KAWARDHA

CHHATTISGARH

442203

| | | | |
|--|---|---|---|
| 8 Address for Communication | | <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Office (Please tick as Applicable) | |
| 9 Telephone Number & Email ID details | | | |
| Country Code 91 | STD Code <input type="text"/> | Telephone <input type="text"/> | Mobile Number 7798495916 |
| Email ID aswajitbansod@gmail.com | | | |
| 10 Status of Applicant | | | |
| Please select status, <input checked="" type="checkbox"/> as applicable | | | |
| <input checked="" type="checkbox"/> Individual | <input type="checkbox"/> Hindu undivided family | <input type="checkbox"/> Company | <input type="checkbox"/> Partnership Firm |
| <input type="checkbox"/> Trusts | <input type="checkbox"/> Body of Individuals | <input type="checkbox"/> Local Authority | <input type="checkbox"/> Artificial Juridical Persons |
| | | <input type="checkbox"/> Government | <input type="checkbox"/> Association of Persons |
| | | <input type="checkbox"/> Limited Liability Partnership | |
| 11 Registration Number (for company, firms, LLPs, etc.) | | | |
| <input type="text"/> | | | |
| 12 In case of a citizen of India, then | | | |
| Please mention your AADHAAR number | | 781689990225 | |
| Name as per AADHAAR | | ASHWAJIT BANSOD | |
| 13 Source of income | | | |
| Please select status, <input checked="" type="checkbox"/> as applicable | | | |
| <input checked="" type="checkbox"/> Salary | <input type="checkbox"/> Business / Profession code 0 [For Code: Refer instructions] | | <input type="checkbox"/> Capital Gains |
| <input type="checkbox"/> Income from Business / Profession | | | <input type="checkbox"/> Income from Other sources |
| <input type="checkbox"/> Income from House property | | | <input type="checkbox"/> No income |
| 14 Representative Assessee (RA) | | | |
| Full name, address of the Representative Assessable, 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, <input type="checkbox"/> as applicable <input type="checkbox"/> Shri <input type="checkbox"/> Smt <input type="checkbox"/> Kumari <input type="checkbox"/> M/s | | | |
| Last Name / Surname | | <input type="text"/> | |
| First Name | | <input type="text"/> | |
| Middle Name | | <input type="text"/> | |
| Address | | | |
| Residence Address | | | |
| Flat / Room / Door / Block No. | | <input type="text"/> | |
| Name of Premises / Building / Village | | <input type="text"/> | |
| Road / Street / Lane / Post Office | | <input type="text"/> | |
| Area / Locality / Taluka / Sub- Division | | <input type="text"/> | |
| Town / City / District | | <input type="text"/> | |
| State / Union Territory | | <input type="text"/> | |
| Pincode / Zip code | | <input type="text"/> | |
| 15 Documents submitted as Proof of Identity (POI) and Proof of Address (POA) | | | |
| I/We have enclosed AADHAAR CARD ISSUED BY UNIQUE IDENTIFICATION AUTHORITY OF INDIA as proof of identity and AADHAAR CARD ISSUED BY UNIQUE IDENTIFICATION AUTHORITY OF INDIA as proof of address. [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] | | | |
| 16 I/We ASHWAJIT PURUSHOTTAM BANSOD , the applicant, in the capacity of HIMSELF do hereby declare that what is stated above is true to the best of my/our information and belief. | | | |
| Place | KAWARDHA | Date | 18-07-2018 |
| | | Sign with black ball point pen within the below box | |
| | | <input type="text"/> | |

Instructions for New PAN Application

Reference No: 2018071817316

Instructions on photos and signing the form

Paste two stamp size photos in the space provided in the application form above

- Top Left Hand Side (Page1) : Signature should be done across the photo and form
- Top Right Hand Side (Page1): Signature should be WITHIN the box under the photo
- Bottom Right Hand Side (Page 2): Signature should be WITHIN the box

Please note that forms not signed in prescribed method will be withheld.

Documents to be attached

| | |
|-------------------------|--|
| Identity Proof | Full Name in the proof should match with application form |
| Residence Address Proof | Address in the proof should match with application form and it should be in applicant's name |
| Office Address Proof | Address in the proof should match with application form and it should be in applicant's name |
| Date of Birth Proof | Date of birth in proof should match with the application data |

Dos & Don'ts

1. Do provide the POI, POA and DOB Proof which has the name exactly as mentioned in the application.
2. The Supporting Documents provided should be valid i.e. it should not be after the expiry date mentioned in the document.
3. DOB Proof should be provided as selected in the application form. Any other document would not be accepted. Notary Affidavit for Dob Proof will not be accepted.
4. Please sign only within the box provided in the application form.
5. Do NOT pin or staple the photograph.
6. Do paste a recent colour photograph (size 3.5 cm X 2.5 cm). The Passport photo in the application should be clear and distinct.
7. Do NOT mention Husband's name in the Father's Name column.
8. Do NOT use initials in first, middle and last name field.
9. Do write the complete postal address in the application with landmark.
10. Do mention correct pin code in the address field.

Send the application form and documents to below mentioned address:

-----cut the address & paste it on the envelope-----

PAN Services,

Applypanonline.com,
57/28, First Floor, IV Main Road,
C.I.T. Nagar, Chennai – 600035.