

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: 27/06/2023
VleID:-GIS9826834811
[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: G078301266
Coupon Number: G078301266

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

1. Full Name (Full expanded name: initials are not permitted):			
Title:- SMT	Last Name:- UPLAWDIYA	Middle Name:-	First Name:- PRACHI
2. Abbreviation of the above name, as you would like it, to be printed on the PAN card:- PRACHI UPLAWDIYA			
3. Have you been known by any other name? N			
	Last Name:-	Middle Name:-	First Name:-
4. Gender:-			F
5.Date of Birth / Incorporation/Agreement/Partnership or Trust Deed/Formation of Body of Individuals/Association of Persons:-			18/04/2000
6. Father's Name :			
Last Name:- UPLAWDIYA	Middle Name:- KUMAR	First Name:- DINESH	

7. Address:-			
Residential Address:-			
Flat/Door/Block No.:-			MAKAN NO.211
Name of Premises/Building/Village:-			KHATI MOHALLA
Road/Street/Lane/Post Office:-			BAWDIKHEDA
Area/Locality/Taluka/Sub-Division:-			KALAPIPAL
Town/City/District:- SHAJAPUR	State/Union Territory:- MADHYA PRADESH	PIN Code:- 465337	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:- 8963983608
Email Address:-		UPLAWDIYAPRACHI@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) :-		205650865648	
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:- UPLAWDIYA	Middle Name:-	First Name:- DINESH
Flat/Door/Block No.:-			G 5,6-7
Name of Premises/Building/Village:-			YASHODA APARMENT
Road/Street/Lane/Post Office:-			MAHAVEER NAGAR
Area/Locality/Taluka/Sub-Division:-			INDORE
Town/City/District:- INDORE	State/Union Territory:- MADHYA PRADESH	PIN Code:- 452018	

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 PRACHI UPLAWDIYA ,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.		
INDORE		
Place	Date	Signature/Left thumb impression of the applicant