

	<div>Form No. 49A</div> <div>Application For Allotment Of Permanent Account Number</div> <div>[In the case of Indian Citizens/Indian Companies/Entities incorporated in India/ Unincorporated entities formed in India]</div> <div>See Rule 114</div> <div>to avoid mistake(s), please follow the accompanying instructions and examples before filling up the form</div> <div>Assessing Officer (AO code)</div>									
<div>Only/Individuals' to affix recent photograph (3.5 cm) X 2.5 cm)</div>	<table><tr><td>Area Code</td><td>AO Type</td><td>Range Code</td><td>AO No.</td></tr><tr><td></td><td></td><td></td><td></td></tr></table>	Area Code	AO Type	Range Code	AO No.					<div>Only/Individuals' to affix recent photograph (3.5 cm) X 2.5 cm)</div>
Area Code	AO Type	Range Code	AO No.							
<div>Signature/left Thumb impression across this photo</div>		<div>Sign/left Thumb impression</div>								
Sir, 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)										
Pleas Select title, <input checked="" type="checkbox"/> as applicable	<input checked="" type="checkbox"/> Shri	<input type="checkbox"/> Smt. <input type="checkbox"/> Kumari <input type="checkbox"/> M/s								
Last Name/Surname	T H A K U R									
First Name	S A U M Y A									
Middle Name	K U M A R									
2. Abbreviation of the above name, as you would like it, to be printed on the PAN card										
S A U M Y A K U M A R T H A K U R										
3. Have you ever been known by any other name? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Please tick as applicable)										
If yes,please give that other name										
Pleas Select title, <input checked="" type="checkbox"/> as applicable	<input type="checkbox"/> Shri	<input type="checkbox"/> Smt. <input type="checkbox"/> Kumari <input type="checkbox"/> M/s								
Last Name/Surname										
First Name										
Middle Name										
4. Gender (for individual applicant only) <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender (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								
0 4	0 1	2 0 0 2								
6. Details of Parents (applicable only for individual applicants).										
Whether mother is single parents and you wish to apply for PAN by furnishing the name of your mother only? <input type="checkbox"/> Yes <input type="checkbox"/> NO (Please tick as applicable)										
If yes, please fill in mother's name in the appropriate space provided below.										
Father's Name ( Mandatory except where mother is a single parent and PAN is applied by furnishing the name of mother only)										
Last Name/Surname	T H A K U R									
First Name	S A T Y A N A N D									
Middle Name										
Mother's Name (Mandatory except where mother is a singal parent and PAN is applied by furnishing the name of mother only)										
Last Name/Surname	T H A K U R									
First Name	S H W E T A									
Middle Name										
Select the name of either father or mother which you may like to be printed on PAN card (select one only)										
<input checked="" type="checkbox"/> Father's Name	<input type="checkbox"/> Mother's Name (Please tick as applicable)									
(In case no option is provided then PAN card will be issued with father's name except where mother is a singlar parent and you wish to apply for Pan by furnishing name of the mother only)										
7. Address										
Residence Address Details										
Flat/Room/Door/Block No.	F L A T E 6 0 2									
Name of Premises/Building/Village	R A N J I T V I H A R I									
Road/Street/Land/Post Office	C A R M E L C H O W K									
Area/Locality/Talika/Sub-Division	D W A R K A S E C T O R 2 2									
Town/City/District	S O U T H W E S T D E L H I									
State/Union Territory	Pincode /Zip code	Country Name								
DELHI	1 1 0 0 7 7	INDIA								
Office Address										
Name Of Office										
Flat/Room/Door/Block No.										
Name of Premises/Building/Village										
Road/Street/Land/Post Office										
Area/Locality/Talika/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 &amp; Email Id details

Country code

Area/STD Code

Telephone/Mobile numberr

9 1

9 5 6 0 0 9 7 5 6 5

Email ID

SAUMYAKUMARTHAKURP@GMAIL.COM

## 10 Status of applicant

Please Select status, ☒ as applicable

Individual



Hindu undivided family



Company



Partnership Firm



Trusts



Body of Individuals



Local Authority



Government



Association of Persons



Limited Liability Partnership

## 11 Registration Number (for company, firms, LLPs etc.)

Artificial Juridical Persons

## 12 In Case of a person, who is required to quote Aadhaar number/The Enrolment ID of Aadhaar application form as per section 139AA

Please Mention your Adhar number (If Alloted)

3 8 5 4

6 7 0 0

6 6 7 3

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

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

## 13 Source of Income

Please 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/Land/Post Office

Area/Locality/Talika/Sub-Division

Town/City/District

State/Union Territory

Pincode /Zip code

INDIA

## 15 Documents submitted as Proof of Identity (POI), Proof of Address (POA) and Proof of Date of Birth (DOB)

I/We have enclosed

AADHAAR CARD (INITIALS NOT ALLOWED IN AADHAR)

as proof of identity,

AADHAAR CARD ISSUED BY THE UNIQUE  
IDENTIFICATION AUTHORITY OF INDIA

as proof of address and

AADHAR CARD (IF THEY BEAR THE NAME, DATE OF BIRTH IN DD/MM/YYYY)

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 SAUMYA KUMAR THAKUR

the applicant, in the capacity of

INDIVIDUAL

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

Place : SOUTH WEST DELHI

D D M M Y Y Y Y

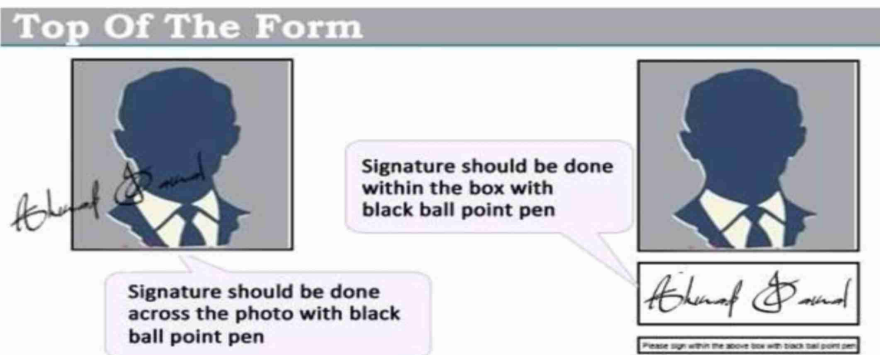
Date:

1 5 0 3 2 0 2 0

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

## Instruction Sheet for New PAN card Application

1. Print your PAN application form, Affix photo and sign as required. Photo should be passport or stamp size colour photo. Both the photo in application form must be similar.



Please be sure that signature is within box at top right of Application form and at last page of application form.

2. Copy of Adhaar is mandatory and Adhaar must show same and full name as mentioned in application form. If Adhaar show First and last name in Initials, then any other Photo ID proof is required along with Adhaar that show initial or full name.
3. Date of Birth Proof must show full date of birth in dd/mm/yyyy format.
4. Address proof must be in the name of the applicant, if applicant is above 18 years.
5. To receive PAN card at office address, original attested "Annexure B" is required. "Annexure B" must be attested by authorized signatory in office.
6. For applicants below 18 years, either mother or father or any guardian will sign on behalf of the applicant. Photo should be of the applicant. Person signing on behalf of applicant must provide his/her Photo Id and address proof. Adhaar card of Applicant is mandatory.
7. All processing details/ requirements will be sent to registered e-mail address given in application form. Please check your given email regularly.
8. **Mailing address** to send application form:

Parsh Tax Solutions LLP  
3 B, Ground Floor, Lane No. 2  
Kehar Singh State, Saidulajab  
Westend Marg, New Delhi-110030

Phone: 9643122658 (For post/courier purpose only. Please do not call on this number for queries related to processing of application).

**For any queries, please write to us at: [pan@eindiatax.com](mailto:pan@eindiatax.com)**