shamara

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]

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.	

Usha Moondag

Signature/Left Thumb Impression

Sir,					Signature/Left Humb ii
I/We hereby request that a permanent acc I/We give below necessary particulars:	ount number be allo	tted to me/us.			
1 Full Name (Full expanded name to be ment	loned as appearing in	proof of identity/	address documen	ts: Initials are not permitted)	
Please select title, 🗸 as applicable	Shri	Smt.	Kumari	M/s	
Last Name / Surname MOON	DRAL				
First Name USHA					
Middle Name					
2Abbreviation of the above name, as yo	March 110 at the la	a nelated on th	a DAN card	NEW WILLIAM PROPERTY	- COMP.
		e printed bred	IE PAN CARU		
USHAMOOND	RA				
3Have you ever been known by any other	er name?	Yes	No.	(Plea	ase tick as applicable)
If yes, please give that other name		_	_		
Please select title, 🗸 as applicable	Shri	Smt.	Kumari	M/s	
Last Name / Surname				шш	
First Name					
Middle Name					
		Thereto.	Female	/place	ase tick as applicable)
4 Gender (for Individual applicants only)		Male	remaie	(Ac	
5Date of Birth/Incorporation/Agreemen	t/Partnership or Tr	ust Deed/ Forn	nation of Body	of individuals or Association	of Persons
Day Month Year					
11 02 196	2				
6 Father's Name (Only 'Individual' applicant	s: Even married wome	en should fill in fa	ther's name only)		
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Last Walle / Sulliance			+++	 	
Plist Name					
Middle Name RAM					
7Address	THE PROPERTY.			America City	ALCOHOLD BY
Residence Address	[2]2]				
Flat/Room/ Door / Block No.	2 2	DIALL	INIAICIA		
Name of Premises/ Building/ Village	SHRI	PAL	NAGA		
Road/Street/ Lane/Post Office	SAKE	T AS	H R A M	ROAD	
Area / Locality / Taluka/ Sub- Division	SUME	RPUR			
	PALLI	ПП	ПП		
Town / City / District State / Union Territory		Pincode / Zip co	ode Co	untry Name	
RAJASTHAN		THE RESERVE AND PERSONS ASSESSED.	902	INDIA	
Office Address				1930	
Name of office					
	22				
Flat/Room/ Door / Block No.	CUDIT	DIALL	INIAICIA		
Name of Premises/ Building/ Village	SHRI	PAL	NAGA	K	
Road/Street/ Lane/Post Office	SAKE	IT AS	H R A M	ROAD	
Area / Locality / Taluka/ Sub- Division	SUME	RPUR			
Town / City / District	PALI				
State / Union Territory		Pincode / Zip co	ode Co	ountry Name	
TRAJASTHAN			1910121	INDIA	

9Telephone Number & I							THE RESERVE OF THE PERSON OF T
Countr	y code Area/STD C	9 3 3		Mobile numbe		100	
	NECCET DEDE				and the same of th		1
Email ID 1	NFO@ETDSDS	C.COM					
10Status of applicant							
Please select status,	as applicable						Government
			1.		П.		F
Individual	Hindu undiv	ided family	Company		Partnersh	hip Firm	Association of Persons
Trusts	Body of Indi	viduals	Local Author	ity	Artificial	Juridical Persons	Limited Liability Partnership
14 Destablished by Number (U.P. oto V	NAME OF TAXABLE PARTY.				
11Registration Number (for company, firms	LLPS, etc.)			STREET, ST.		
12In case of a citizen of I	ndia, then	Addin					10 julius 1990 (1990)
Please mention your A	ADHAAR number (if a	llotted)	EN	TER APPLICANT	TAADHAR NUMBI	ER HERE	
						er sammer er e	
13Source of Income		图。在1.1000				Please selec	ct status, 🗸 as applicable
Salary						Ca	pital Gains
Income from Bu	siness / Profession	Business/Profession	code	(For Code: Refi	er instructions]	Inc	come from Other sources
Income from Ho	ouse property					□ No	income
14Representative Assess	see (RA)	分为加 等30元件		Edison (contact)			
	Representative Assess	see, who is assessable	under the Inco	me Tax Act in r	espect of the per	son, whose particula	ars have been given in the
column 1-13.							SECTION AND ADDRESS OF THE PARTY OF THE PART
Full Name (Full expand	ed name: initials are no	ot permitted)			\Box	THE STATE OF THE S	Sak 170416
Please select title,	as applicable	Shri	Smt.	Kumari	M/s		
Last Name / Surname							
First Name			TIT	TIT			
Middle Name							
Address	一种,其种数型用流	Property Control					AND PERSONAL PROPERTY.
Flat/Room/ Door / Bloc	k No.						
Name of Premises/ Buil	lding/ Village						
Road/Street/ Lane/Post	t Office						
Area / Locality / Taluka,	/ Sub- Division						
Town / City / District			TIT				
State / Union Territory		Pir	ncode				
	d t						
		appropriate proof of	Address IDC	ia)			Field Manager Control
15Documents submitted	as Proof of Identity	V(POI) and Proof of	Address (Pt	A		CALLSON CHANGE A	
I/We have enclosed	copy of voter's idea	ntity card					as proof of identity
and	copy of voter's idea	ntity card					as proof of address.
[Please refer to the inst	tructions (as specified	in Rule 114 of I.T. Ru	les, 1962) for	list of mandate	ory certified doc	uments to be subm	nitted as applicable]
16 I/We USHA	MOONDR	A	4)	, the app	licant, in the ca	pacity of IND	DIVIDUAL
do hereby declare that	The state of the s	onesta	best of my/	The second secon			
		(money on 1 2 1981 02 1981 02 1981 02 1981 02 1981 02 1981 02 1981 02 1981 02 1981 02 1981 02 1981 02 1981 02					W
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Date	1717101417	10 3				Applican	t (inside the box)