



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 Moondra
Signature/Left Thumb Impression

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)

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

Last Name / Surname

M O O N D R A

First Name

U S H A

Middle Name

2 Abbreviation of the above name, as you would like it, to be printed on the PAN card

U S H A M O O N D R A

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 applicants only)

☐ Male

☒ Female

(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
11 02 1962

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

Last Name / Surname

G U P T A

First Name

H A R I

Middle Name

R A M

7 Address

Residence Address

Flat/Room/ Door / Block No.

22

Name of Premises/ Building/ Village

S H R I P A L N A G A R

Road/Street/ Lane/Post Office

S A K E T A S H R A M R O A D

Area / Locality / Taluka/ Sub- Division

S U M E R P U R

Town / City / District

P A L I

State / Union Territory

Pincode / Zip code

Country Name

RAJASTHAN

306902

INDIA

Office Address

Name of office

Flat/Room/ Door / Block No.

22

Name of Premises/ Building/ Village

S H R I P A L N A G A R

Road/Street/ Lane/Post Office

S A K E T A S H R A M R O A D

Area / Locality / Taluka/ Sub- Division

S U M E R P U R

Town / City / District

P A L I

State / Union Territory

Pincode / Zip code

Country Name

RAJASTHAN

306902

INDIA

9 Telephone Number & Email ID details

Country code

Area/STD Code

02933

Telephone / Mobile number

ENTER APPLICANT MOBILE NO. HERE

Email ID

INFO@ETDSDSC.COM

10 Status of applicant

Please select status, ☒ as applicable☒ Individual☐ Hindu undivided family☐ Company☐ Partnership Firm☐ Government☐ Association of Persons☐ Trusts☐ Body of Individuals☐ Local Authority☐ Artificial Juridical Persons☐ Limited Liability Partnership

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

12 In case of a citizen of India, then

Please mention your AADHAAR number (if allotted)

ENTER APPLICANT AADHAR NUMBER HERE

13 Source of Income

Please select status, ☒ 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/ Lane/Post Office

Area / Locality / Taluka/ Sub- Division

Town / City / District

State / Union Territory

Pincode

15 Documents submitted as Proof of Identity (POI) and Proof of Address (POA)

I/We have enclosed copy of voter's identity card

as proof of identity

and copy of voter's identity card

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 USHA MOONDRA

, 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

 SUMER PUR

Date

 DDMMYY
22042013 Usha MoondraSignature / Left Thumb Impression of
Applicant (inside the box)