

Only 'Individuals'  
to affix recent  
colour  
photograph  
(3.5 cm x 2.5 cm)

Signature of applicant across  
this photo

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]

See Rule 114

Assessing Officer (AO code)

Area Code		AO Type		Range Code		AO No.	

Only 'Individuals'  
to affix recent  
colour  
photograph  
(3.5 cm x 2.5 cm)

Signature of applicant (inside the box)

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  
B A R O T

First Name  
M U S K A N

Middle Name  
U M E S H B H A I

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

M U S K A N U M E S H B H A I B A R O T

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

Day Month Year

2 9 0 9 1 9 9 7

6 Details of Parents (Applicable only for Individual applicants)

Father's Name (Mandatory: Even married women should fill in father's name only)

Last Name / Surname  
B A R O T

First Name  
U M E S H B H A I

Middle Name  
A R V I N D B H A I

Mother's Name (Optional)

Last Name / Surname  
B A R O T

First Name  
M I N A X I B E N

Middle Name  
U M E S H B H A I

Select the name of either father or mother which you may like to be printed on PAN card (Select one only)

(In case no option is provided then PAN card will be issued with Father's name) ☒ Father's Name ☐ Mother's Name

7 Address

Residence Address

Flat/Room/Door/Block No.  
B - 7

Name of Premises/Building/Village  
S H A N T I N I K E T A N S O C I E T Y

Road/Street/Lane/Post Office  
B - 7 , S H A N T I N I K E T A N S O C I E T Y

Area/Locality/Taluka/Sub-Division  
N A R O D A

Town/City/District

State/Union Territory  
GUJARAT

Pincode/Zipcode  
3 8 2 3 4 5

Country Name  
INDIA

**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/Zipcode

Country Name

**8 Address for Communication**

Residence



Office

(Please tick as applicable)

**9 Telephone Number & Email ID details**

Country Code

Area/STD Code

Telephone/Mobile Number

9

1

7

5

6

7

0

0

4

7

6

3

Email ID

MUSKANBAROT2909@GMAIL.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 person, who is required to quote Aadhaar number as per section 139AA**

Please mention your AADHAAR number (if allotted)

3

8

1

9

6

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7

8

0

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

M U S K A N B A R O T

**13 Source of Income**Please select, ☒ as applicable☐ Salary☐ Income from Business/Profession

Business/Profession Code

☐ 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/Zipcode

Country Name

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

I/We have enclosed **ELECTOR'S PHOTO IDENTITY CARD** as proof of identity,  
**ELECTOR'S PHOTO IDENTITY CARD** as proof of address and  
**BIRTH CERTIFICATE** as proof of date of birth.

**16** I/We **MUSKAN UMESHBHAI BAROT**, the applicant, in the capacity of **HERSELF**  
do hereby declare that what is stated above is true to the best of my/our information and belief.

**Place** **AHMEDABAD**

**Date**

D	D	M	M	Y	Y	Y	Y
1	3	0	4	2	0	2	1

Signature of applicant (inside the box)

Page 3 of 3



A3691070



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**FROM:**

MUSKAN BAROT  
CUSTOMER CODE: A3691070  
B-7 SHANTINIKETAN SOCIETY  
B-7,SHANTINIKETAN SOCIETY NARODA

GUJARAT - 382345.



**TO:**

THEPANCARD.COM  
DOOR NO. 41, 4TH FLOOR, TOWER I,  
SHAKTHI TOWERS,  
#766, ANNA SALAI, CHENNAI,  
TAMIL NADU - 600002.