



Acknowledgement Number: N- 881151139147775



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



Assessing officer (AO code)

AREA CODE	AO TYPE	Range Code	AO NO
NGP	W	301	1

Signature / Left Thumb Impression of

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/SurnameSONAR

First NameSHREYA

Middle NameMADANPANT

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

SHREYA MADANPANT SONAR

3. Have you ever been known by other name?

If yes, please give that other name ☐ Yes ☒ No
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 ☐ Transgender

5. Date of Birth/Incorporation/Agreement/Partnership or Trust Deed/ Formation of Body of individuals or association of Persons

DayMonthYear

17/09/2001

6. Details of Parents (applicable only for individual applicants)

Whether mother is a single parent and you wish to apply for PAN by furnishing the name of your mother only? Yes ☐ 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/SurnameSONAR

First NameMADAN

Middle NameDEVRAOJI

Mother's Name (Optional except where mother is a single parent and PAN is applied by furnishing the name of mother only)

☒ Last Name/SurnameSONAR

First NameSUSHAMA

Middle NameMADANPANT

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 (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 single parent and you wish to apply for PAN by furnishing name of mother only)

7. Address

Residence Address

Flat / Room / Door / Block No.Karajgaon ISHWAR PETH

Name of Premises / Building / VillageKARAJGAON Khel Mahal

Road / Street / Lane/Post Office(Karajgaon) Chandurbazar

Area / Locality / Taluka/ Sub-

Town / City / DistrictAmravati

State / Union TerritoryPincode / Zip codeCountry Name

MAHARASHTRA444809INDIA

Office Address

Name of officeRIKAM TEKADI NEAR ISHWAR PETH KARAJGION

Flat / Room / Door / Block No.AT POST KARAJGON

Name of Premises / Building / VillageSHREYA MADANPANT SONAR

Road / Street / Lane/Post OfficeISHWAR PETH KARAJGAION

Area / Locality / Taluka/ Sub- DivisionCHANDUR BAZAR

Town / City / District

AMRAVATI

State / Union Territory

Pincode / Zip code

Country Name

MAHARASHTRA

444908

INDIA

8. Address for Communication



Residence



Office

Please tick as applicable

9. Telephone Number & Email ID details

Country code

Area/STD Code

Telephone / Mobile number

91

95037

9503760759

Email ID

SONARSHREYA278@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 of Aadhaar application form as per section 139AA

Please mention your AADHAAR number (if allotted)

XXXXXXXX3256

Name as per AADHAAR letter/card of Aadhaar application

SHREYA MADANPANT SONAR

13. Source of Income



Salary

Business/Profession



[For Code: Refer instructions]



Capital Gains



Income from Business /



Income from Other sources



Income from House property



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 /

Road / Street / Lane/Post Office

Area / Locality / Taluka/ Sub- Division

Town / City / District

State / Union Territory

Pincode

Country Name

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 issued by the Unique Identification Authority of India

as proof of identity

AADHAAR Card issued by the Unique Identification Authority of India

as proof of address and

AADHAAR Card issued by the Unique Identification Authority of India

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 SHREYA MADANPANT SONAR

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.

Place

KARAJGION

DD MM YYYY

Date

01/02/2025

Signature / Left Thumb Impression of