

Name of Premises / Building / Village Road / Street / Lane/Post Office Area / Locality / Taluka/ Sub- Division

Acknowledgement Number: N-881039172093415

Form NO. 49A

AO NO

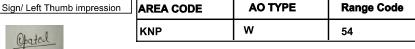


Application for Allotment of Permanent Account Number [In the case of Indian Citizens/Indian Companies/Entities incorporated in India/ Unincorporated entities formed in India]

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)





- 1	Opated	1 1 54 5									
	Sir, I/We hereby request that a perm	anent account number be allotted to me/us. Signature / Left Thumb Impression of									
4	I/We give below necessary particulars:										
1.	Please select title, as applicable	ementioned as appearing in proof of identity/address documents: initials are not permitted) Shri Smt Kumari M/S									
	Last Name/Surname	PRATAP									
	First Name	UDAY									
	Middle Name										
2.	Abbreviations of the above name, a	s you would like it, to be printed on the PAN card									
	UDAY PRATAP										
3.	Have you ever been known by other	r name?									
•	If yes, please give that other name	Yes 🗹 No									
	Please select title, as applicable	Shri Smt. Skumari M/S									
	Last Name/Surname										
	First Name										
	Middle Name										
4	. Gender(for individual applicants o	nly) Male Female Transgender									
5	Date of Birth/Incorporation/Agreem	ent/Partnership or Trust Deed/ Formation of Body of individuals or association of Persons									
	Day Month Year										
	30/10/2005										
6	Details of Parents (applicable only										
	Whether mother is a single parent a	nd 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/Surname	SINGH									
	First Name	VIKRAM									
	Middle Name										
	Mother's Name (Optional except wh	ere mother is a single parent and PAN is applied by furnishing the name of mother only)									
	✓_ast Name/Surname	DEVI									
	First Name	GANGA									
	Middle Name										
	Select the name of either father or mo	ther which you may like to be printed on PAN card (select one only)									
	(In case no option is provided then P	AN card will be issued with father's name)									
	Father's Name	(* ************************************									
	for PAN by furnishing name of moth	PAN card will be issued with father's name except where mother is a single parent and you wish to apply									
7	. Address	or orny)									
	Residence Address										
	Flat / Room / Door / Block No.	11									
	Name of Premises / Building / Village	PATEL HOUSE									
	Road / Street / Lane/Post Office	TITRA KHALILPUR									
	Area / Locality / Taluka/ Sub-	DHANAURA									
	Town / City / District	JALAUN									
	State / Union Territory	Pincode / Zip code Country Name									
	UTTAR PRADESH	285205 INDIA									
	Office Address	TOTAL STATE OF THE									
	Name of office										
	Flat / Room / Door / Block No.										

Town / City / District										
State / Union Territory		Pincode / Zip code			Country Name					
8. Address for Comm	unication	☑ Resider	nce		Office	Please tick a	s applicable			
9. Telephone Number	& Email ID det	tails								
Country code	Area	/STD Code	Tele	phone / M	obile number					
91	91		9	30554262	25					
Email ID	UDAY93	0554@GMAIL.COI					\neg			
10. Status of applican		WOOTE SINAILE								
Please select statu		e					Gover	nment		
☑ Individual	Hindu ur	ndivided family	Company		Partnership Fire	m	Associa	ation of Persons		
Trusts	Body of I	-	Local Autho	rity	Artificial Juridica		Limited	I Liability Partnership		
11. Registration Num	-		c.)		2					
						7				
12. In case of a perso	n, who is requi	red to quote Aadh	naar number/ the l	Enrolment	t ID of Aadhaar a	ㅡ pplication fo	m as per se	ection 139AA		
Please mention y			1-11-11	XXXX224						
If AADHAAR number	is not allotted, p	lease mention the e								
Name as per AADHA	AR letter/card o	or as per the Enrolm	nent I D of Aadhaar	application	n l					
UDAY PRATAP										
13. Source of Income										
Salary		Business/Profe	ssion	[For C	Code: Refer instruc	ctions]	_	I Gains		
Income from B				_			_	e from Other sources		
Income from H							☑ No inc	come		
14. Representative Assessee (RA) Full name address of the Representative Assessee, who is assessible under the Income Tay Act in respect of the person, whose										
	Full name, address of the Representative Assessee, who is assessible 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	☐ Kuma	ari 🔲	M/s			
Last Name/Surname										
First Name										
Middle Name										
Address										
Flat / Room / Door / Blo	ock No.									
Name of Premises / Bu	ilding /									
Road / Street / Lane/Po	st Office									
Area / Locality / Taluka	/ Sub- Division									
Town / City / District										
State / Union Territory		Pin	code		C	ountry Name				
				1						
15. Documents submitt	ed as Proof of	Identity (POI), Pro	of of Address (PC	_l DA) and Pı	 roof of Date of Bi	rth (DOB)				
		ssued by the Unic	•	•		, ,		as proof of identity		
AADHAAR Card issue								as proof of address and		
AADHAAR Card issue	d by the Uniqu	e Identification Au	ıthority 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 UDAY PRAT
do hereby declare that v	vhat is stated at	oove is true to the b	est of my/our infor	mation and	d belief.		٨			
belief.						(e)hat	ed			
Place	DHANAURA					- gra	-			
р Г	DD MM	YYYY	1			C11	ro / Lat The	h Impropoier of		
Date	14/02/2024]			Signati	ııe/∟eii Inum	b Impression of		



भारत सरकार Government of India



उदय प्रताप Uday Pratap जन्म तिथि / DOB : 30/10/2008 पुरुष / Male

आधार पहचान का प्रमाण है, नागरिकता का Aadhaar is a proof of identity, not of citizer

4436 2303 2249

मेरा आधार, मेरी पहर



भारतीय विशिष्ट पहचान प्राधिकरण Unique Identification Authority of

पताः आत्मजः विक्रम सिंह, धनौरा, जालौन, उत्तर प्रदेश, 285205

Address: S/O: Vikram Singh, Dhanaura,

Jalaun, Uttar Pradesh, 285205



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