Only 'Individuals' to affix recent colour photograph

(3.5 cm x 2.5 cm)

Signature of applicant across this photo

I/We give below necessary particulars:

Please select title, as applicable

ITYA

4 Gender (for Individual applicants only)

Month

0 9

Last Name / Surname

Mother's Name (Optional) Last Name / Surname

Last Name / Surname

Last Name / Surname

First Name

First Name Middle Name

Persons

First Name

First Name

7 Address

Middle Name

Residence Address Flat/Room/Door/Block No.

Town/City/District

State/Union Territory

Name of Premises/Building/Village

Area/Locality/Taluka/Sub-Division

HARYANA

Road/Street/Lane/Post Office

Middle Name

Day 1 3

Middle Name

Area Code

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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

(3.5 cm x 2.5 cm) Assessing Officer (AO code) AO Type Range Code AO No. W 3 6 Sir, I/We hereby request that a permanent account number be allotted to me/us. Signature of applicant (inside the box) 1 Full Name (Full expanded name to be mentioned as appearing in proof of identity/address documents: initials are not permitted) Smt. Kumari M/s R T Υ Α 2 Abbreviations of the above name, as you would like it, to be printed on the PAN card **✓** No 3 Have you ever been known by any other name? (Please tick as applicable) Smt. If yes, please give that other name. Please select title, 🗸 as applicable Shri Kumari M/s ✓ Male **Female** (Please tick as applicable) 5 Date of Birth/Incorporation/Agreement/Partnership or Trust Deed/Formation of Body of individuals or Association of 6 Details of Parents (Applicable only for Individual applicants) Father's Name (Mandatory: Even married women should fill in father's name only) M A R Ε S Н Α R Н Select the name of either father or mother which you may like to be printed on PAN card (Select one only) **✓** Father's Name (In case no option is provided then PAN card will be issued with Father's name) | Mother's Name Т 0 R 1 0 Α D C Н K U L Α Н Κ U Pincode/Zipcode

Country Name

INDIA

Only 'Individuals'

to affix recent

colour

photograph

Office Address								
Name of Office								
Flat/Room/Door/Block No.								
Name of Premises/Building/N	/illage							
Road/Street/Lane/Post Office	ن د							
Area/Locality/Taluka/Sub-Division								
Town/City/District								
State/Union Territory Pincode/Zipcode Country Name								
8 Address for Communicati	on	✓ Residence	Office	(Please tick as ap	oplicable)			
9 Telephone Number & Em	ail ID details							
Country Code Area/STD Code Telephone/Mobile Number 9 1								
Email ID		ADITYAROYAL	10@GMAIL.COM					
10 Status of Applicant								
Please select status, 🗸 as app	licable			Governmen	ıt			
	lu Undivided Family	Company	Partnership Firm	Association				
	y of Individuals	Local Authority	Artificial Juridical	Persons Limited Liak	oility Partnership			
11 Deviatoration Number (s								
11 Registration Number (fo	r company, firms, LLP	s, etc.)						
12 In case of a person, who is required to quote Aadhaar number/The Enrolment ID of Aadhaar application form as per section 139AA								
Please mention your AADHAAR number (if allotted) 4 7 4 0 4 6 8 9 1 0 5 7								
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								
ADITYA								
13 Source of Income								
Please select, 🗸 as applicable								
Salary Capital Gains								
☐ Income from Business/Profession Business/Profession Code ☐ Income from Other sources								
☐ Income from House property ☐ No income								
	(5.1)							
14 Representative Assesse		sha is assassible unde	s the Income Tay Act in re	enact of the norsen, where	particulars have been			
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 r	name: initials are no	ot permitted)						
Please select title, 📝 as applicable Shri Smt. Kumari M/s								
Last Name / Surname								
—								
Last Name / Surname								

Address																	
Flat/Room/Door/Block No.			1	Π		1 1				<u> </u>		-				1	
Name of Premises/Building/Village	\vdash					+	-	+	+	+	\vdash	+	+				+
Road/Street/Lane/Post Office		++	_			+		+	+	+		-	+			-	\vdash
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Area/Locality/Taluka/Sub-Division	\vdash	++	_			+			+	+		_	+			-	\vdash
Town/City/District				<u> </u>	<u></u>			Щ.									
State/Union Territory	State/Union Territory Pincode/Zipcode Country Name																
15 Documents submitted as Proof	of Ident	ity (P	OI), P	roof	of Ad	dres	s (PO	A) a	nd as	Pro	of of	Dat	te of	Birt	h (DC	OB)	
I/We have enclosed									ty,								
AADHAAR CARD ISSUED BY UIDAI as proof of address and								ss and									
AADHAAR CARD ISSUED BY UIDAI as proof of date of birth.																	
16 I/We ADITYA KUMAR , the applicant, in the capacity of HIMSELF																	
do hereby declare that what is stated above is true to the best of my/our information and belief.																	
				_				Г									
Place PAN	CHKULA																
D D M M Y Y	ΥΥ																
Date 3 1 0 1 2 0	2 1																
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								L	Si	gnatu	re of a	appli	cant (i	nside	e the b	ox)	
																I	Page 3 of 3

XCut here & Paste on the envelope								
FROM:	1	TO:						
ADITYA KUMAR	i	THEPANCARD.COM						
CUSTOMER CODE: A3416542	į	DOOR NO. 41, 4TH FLOOR, TOWER I,						
706 SECTOR-11	İ	SHAKTHI TOWERS,						
B ROAD PANCHKULA		#766, ANNA SALAI, CHENNAI,						
PANCHKULA		TAMIL NADU - 600002.						

HARYANA - 134109.