

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

Sign/ Left Thumb impression

Acknowledgement Number: N- 881031180925162



Form NO. 49A

Application for Allotment of Permanent Account
[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

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

Assessing officer (AO code)

AREA CODE	AO TYPE	Range Code	AO NO
KNP	W	17	1

Signature / Left Thumb Impression 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

GARG

First Name

ANSHUL

Middle Name

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

ANSHUL GARG

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

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

DayMonthYear

03/11/1996

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

GARG

First Name

ASHIWANI

Middle Name

Mother's Name (Optional)

Last Name/Surname

GARG

First Name

MEENAKSHI

Middle Name

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)

7. Address

Residence Address

Flat / Room / Door / Block

B-94 1ST FLOOR

Name of Premises / Building /

GAGAN ENCLAVE

Road / Street / Lane/Post Office

G.T.ROAD

Area / Locality / Taluka/ Sub-

NEAR BHAITA MORE

Town / City / District

GHAZIABAD

State / Union Territory

UTTAR PRADESH

Pincode / Zip code

201001

Country Name

INDIA

Office Address

Name of office

Flat / Room / Door / Block

Name of Premises / Building /

Road / Street / Lane/Post Office

Area / Locality / Taluka/ Sub-

Town / City / District

State / Union Territory

Pincode / Zip code

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

91

7607491516

Email ID

SCI.AGARG@GMAIL.COM

10. Status of applicant

Please select status, as applicable

☐ Government

☒ Individual

☐ Hindu undivided family

☐ Company

☐ Partnership Firm

☐ 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/ the Enrolment ID of Aadhaar application form as per section

Please mention your AADHAAR number (if

513013019455

If AADHAAR number is not allotted, please mention the enrolment ID of Aadhaar application

Name as per AADHAAR letter/card or as per the Enrolment ID of Aadhaar application

ANSHUL GARG

13. Source of Income

☐ Salary

Business/Profession

☐ Capital Gains

☐ Income from Business /

[For Code: Refer instructions]

☐ 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

Name of Premises / Building /

Road / Street / Lane/Post Office

Area / Locality / Taluka/ Sub-

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 ANSHUL GARG 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

GHAZIABAD

DD MM YYYY

Date

30/12/2017

Signature / Left Thumb Impression of
Applicant (inside the box)