



Acknowledgement Number: N- 881058139186492



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
BBN	W	4	1

Sir, I/We hereby request that a permanent account number be allotted to me/us.  
I/We give below necessary particulars:

Signature / Left Thumb Impression of

**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

KHAMARI

First Name

LIPIKA

Middle Name

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

LIPIKA KHAMARI

**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**

Day Month Year

10/09/1994

**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/Surname

KHAMARI

First Name

PROBODHA

Middle Name

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

Last Name/Surname

First Name

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)

(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.

Dadhapatna(c.t)

Name of Premises / Building / Village

Road / Street / Lane/Post Office

Area / Locality / Taluka/ Sub-

Town / City / District

Cuttack

State / Union Territory

Pincode / Zip code

Country Name

ODISHA

754005

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 / Zip code

Country Name

## 8. Address for Communication



Residence



Office

Please tick as applicable

## 9. Telephone Number &amp; Email ID details

Country code

Area/STD Code

Telephone / Mobile number

91

7008269506

Email ID

PABITRADAS246@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/ the Enrolment ID of Aadhaar application form as per section 139AA

Please mention your AADHAAR number (if allotted)

XXXXXXXX5496

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

LIPIKA KHAMARI

## 13. Source of Income



Salary

Business/Profession



Income from Business /



Income from House property

[For Code: Refer instructions]



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 /

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 &amp; Annexure C are to be used wherever applicable]

16 I/We LIPIKA KHAMARI 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

BARANG

Date

DD MM YYYY

14/05/2023

Signature / Left Thumb Impression of