

Acknowledgement Number: N-881051115883503

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

Assessing officer (AO code) **AO TYPE AREA CODE** Range Code AO NO APR Sir, I/We hereby request that a permanent account number be allotted to me/us. Signature / Left Thumb Impression of I/We give below necessary particulars: 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) Please select title, as applicable Kumari Shri \mathbf{Y} Smt Last Name/Surname DARA First Name **BHAVYA** Middle Name SHREE 2. Abbreviations of the above name, as you would like it, to be printed on the PAN card BHAVYA SHREE DARA 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 Last Name/Surname JINKAI A First Name **RAMANJINAMMA Middle Name** 4. Gender(for individual applicants only) Male M **Female** 5. Date of Birth/Incorporation/Agreement/Partnership or Trust Deed/ Formation of Body of individuals or association of Persons Dav Month 20/05/1990 6. Details of Parents (applicable only for individual applicants) Father's Name (Mandatory - Even married women should fill in father's name only) JINKALA Last Name/Surname ANJANEYULU First Name Middle Name Mother's Name (Optional) Last Name/Surname **JINKALA First Name SARASWATI** 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** 1-567 2nd road 2nd road Flat / Room / Door / Block Georgepet ANANTAPUR Name of Premises / Building / Road / Street / Lane/Post Office Anantapur Anantapur Area / Locality / Taluka/ Sub-Town / City / District Ananthapur State / Union Territory Pincode / Zip code Country Name ANDHRA PRADESH 515004 **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	y Name
Address for Communication	Residence Office Plea	ase tick as applicable
Telephone Number & Email ID deta		ace not as applicable
Country code Area	a/STD Code Telephone / Mobile number	
91	9908969708	
Email ID bhayyad	dara13@gmail.com	
10. Status of applicant		
Please select status, as applicable	le	Government
Individual Hindu u	ndivided family Company Partnership Firm	Association of Persons
	Individuals	ersons Limited Liability Partnership
11. Registration Number (for company, firms, LLPs etc.)		
12. Please mention your AADHAAR number (if allotted)		
960473295311		
13. Source of Income		
☐ Salary		Capital Gains
☐ Income from Business /	Business/Profession [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 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 : ir		
Please select title as applicable	Shri Smt Mumari	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 Countr	ry 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 as proof of identity AADHAAR Card issued by the Unique Identification		
	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 BHAVYA SHREE DARA	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 BANGALORE		
DD MM	1 YYYY	
Date 13/02/2017		Signature / Left Thumb Impression of Applicant (inside the box)