Since the application is digitally signed using eSign/eKYC, there is no need to forward physical documents



Area / Locality / Taluka/ Sub- Division

Acknowledgement Number: N-881059165419716

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)

N	A STATE	AREA CODE	<u> </u>	AO TYPE		Range Code		AC	AO NO					
	GUJ		w		221		5	5						
	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	7 1		ned as app	earing	in proof	of identi	ty/add	iress docum	ents:	initials	are not permitted)		
	Please select title, as ap				Shri		Smt	Y	Kumari		M/S			
	Last Name/Surname		KESH	/JI										
	First Name		DABHI											
	Middle Name		BHAVNABEN											
2.	Abbreviations of the above name, as you would like it, to be printed on the PAN card													
	DABHI BHAVNABEN KESHVJI													
3.	Have you ever been kno	wn by other	name?											
I	If yes, please give that of Please select title, as ap				Yes Shri		No Smt.		Kumari		M/S	•		
	Last Name/Surname	piicabic			Oilli		Oiiit.		Numan		1100	,		
	First Name													
	Middle Name													
4.	Gender(for individual	applicants or	nly)			Male		Y	Female			Transgender		
5.	Date of Birth/Incorpora		ent/Partn	nership or	Trust D	eed/ For	mation (of Boo	ly of individ	uals o	r asso	ciation of Persons		
	Day Month Yo	ear												
6	Details of Parents (app	licable only f	or indivi	dual annli	icante\									
0.	Whether mother is a sin	-				OAN by fi	ırnishin	ı the r	name of you	r moth	er ont	v? Yes No	7	
	(please tick as applicable		na you w	non to app	JI y 101 1	Alt by it	ııııəıııı	j uie i	iailie oi you		iei Oili	y,	_	
	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)										1			
	Last Name/Surname DABHI										1			
	First Name		KESHV	JIBHAI									1	
	Middle Name]	
	Mother's Name (Optiona	I except whe	ere moth	er is a sin	gle pare	ent and P	AN is ap	plied	by furnishir	ng the	name	of mother only)	,	
•	ast Name/Surname]	
	First Name Middle Name												-	
	Select the name of either	fother or mot	L bor which		lika ta b	o printed	on DAN	oord (c	acleat one on	ls d			J	
	(In case no option is pro					•		caru (s	select one on	iy <i>)</i>				
	, , ,	ather's Name	Ti V Cara V			her's Nam	,		(F	lease	tick as	applicable)		
	(In case no option is pro	vided then P		will be is:				excep				gle parent and you wish to	apply	
	for PAN by furnishing na Address	ame of mothe	er only)											
•	Residence Address													
	Flat / Room / Door / Block	No	Pithad	Rasnal Jo	odiya									
	Name of Premises / Build	ì												
	Road / Street / Lane/Post	İ										1		
	Area / Locality / Taluka/ S	ub-												
	Town / City / District		Jamna		- / 7 '	1.				0 1				
ı	State / Union Territory				e / Zip co	Jue					y Nam			
	GUJARAT			361220					li li	NDIA				
Office Address														
	Name of office													
	Flat / Room / Door / Block	No.												
	Name of Premises / Building / Village													
	Road / Street / Lane/Post	Office												

Town / City / District											
State / Union Territory	/	Pinco	de / Zip code			Country Name					
8. Address for Com	munication	 Reside	nce		Office	Please	tick as applicable	<u> </u>			
9. Telephone Numb	er & Email ID de										
Country code	Area	a/STD Code		Telephone /	Mobile number						
91				6353330)868		1				
Email ID	DARIU	DILANIA O O OMALI					<u> </u>				
10. Status of applica		BHAVI18@GMAIL	.COM								
Please select sta		e.					Gove	rnment			
Individual		ndivided family	Compa	any	Partnership	Firm	Assoc	iation of Persons			
Trusts	Body of	•		Authority	Artificial Juri		ns 🗖 Limite	d Liability Partnership			
11. Registration Nu	•			•		diodi i ciooi					
			•								
12. In case of a pers	on, who is requ	ired to quote Aad	haar number/	the Enrolm	ent ID of Aadhaa	r application	on form as per s	ection 139AA			
Please mention				XXXXXXX		•	•				
If AADHAAR numbe	er is not allotted, p	lease mention the	<u> </u>								
Name as per AADH	HAAR letter/card	or as per the Enrolr	ment ID of Aad	lhaar applica	tion						
DABHI BHAVNABI	EN KESHVJI										
13. Source of Income)						—				
Salary		Business/Profe	ession	[Fc	r Code: Refer ins	tructions]	_	al Gains			
Income from							_	ne from Other sources			
	House property						☑ No in	come			
14. Representative A Full name, address of	, ,	iva Assassaa who	ic accessible i	under the Inc	rome Tay Act in re	enact of the	nerson whose				
particulars have been	•		13 4336331516 (under the me	ome rax Actimit	spect of the	c person, whose				
	-	initials are not pe	ermitted)								
Please select title	as applicable		Shri	Sm	it 🔲 K	umari	M/s				
Last Name/Surname											
First Name											
Middle Name											
Address											
Flat / Room / Door / B	Block No.										
Name of Premises / E	Building /										
Road / Street / Lane/F	Post Office										
Area / Locality / Taluk	a/ Sub- Division										
Town / City / District											
State / Union Territory	/	Pir	ncode			Country N	ame				
15. Documents subm	itted as Proof of	Identity (POI). Pro	oof of Addres	s (POA) and	Proof of Date of	Birth (DOI	B)				
		issued by the Uni				(200		as proof of identity			
		<u> </u>									
AADHAAR Card issu	ed by the Uniqu	e Identification A	uthority of Inc	dia				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 ins	[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 DABHI BH			ierever applica		icant, in the capa	city of	Himself/Hersel	f			
do hereby declare tha			pest of my/our			_					
belief.											
Place	JAMNAGAR										
	DD MM	YYYY	7								
Date	31/01/2024					S	Signature / Left Thur	mb Impression of			