

<div><div></div><div>Only 'Individuals' to affix recent photograph (3.5 cm x 2.5 cm)</div></div>	<div>Acknowledgement Number: N- 881031162105942</div> <div>Form NO. 49A</div> <div>Application for Allotment of Permanent Account</div> <div>[In the case of Indian Citizens/Indian Companies/Entities incorporated in India/Unincorporated entities formed in India]</div> <div>Under section 139A of the Income Tax act, 1961</div> <div>To avoid mistake (s), please follow the accompanying instructions and examples before filling</div>	<div></div> <div>Only 'Individuals' to affix recent photograph (3.5 cm x 2.5 cm)</div>								
<div>Sign/ Left Thumb impression</div>	<div>Assessing officer (AO code)</div> <table><tr><td>AREA CODE</td><td>AO TYPE</td><td>Range Code</td><td>AO NO</td></tr><tr><td>GUJ</td><td>W</td><td>209</td><td>3</td></tr></table>	AREA CODE	AO TYPE	Range Code	AO NO	GUJ	W	209	3	<div></div> <div>Signature / Left Thumb Impression of Applicant (inside the box)</div>
AREA CODE	AO TYPE	Range Code	AO NO							
GUJ	W	209	3							
<div>Sir, I/We hereby request that a permanent account number be allotted to me/us.</div> <div>I/We give below necessary particulars:</div>										
<div>1. Full Name (Full expanded name to be mentioned as appearing in proof of identity/address documents: initials are not permitted)</div> <div><div>Please select title, as applicable</div><div><div><input checked="" type="checkbox"/> Shri</div><div><input type="checkbox"/> Smt</div><div><input type="checkbox"/> Kumari</div><div><input type="checkbox"/> M/S</div></div><div>Last Name/Surname</div><div>CHIKANI</div><div>First Name</div><div>MAYURKUMAR</div><div>Middle Name</div><div></div></div>										
<div>2. Abbreviations of the above name, as you would like it, to be printed on the PAN card</div> <div><div>MAYURKUMAR CHIKANI</div></div>										
<div>3. Have you ever been known by other name?</div> <div><div>If yes, please give that other name</div><div><div><input type="checkbox"/> Yes</div><div><input checked="" type="checkbox"/> No</div></div><div>Please select title, as applicable</div><div><div><input type="checkbox"/> Shri</div><div><input type="checkbox"/> Smt.</div><div><input type="checkbox"/> Kumari</div><div><input type="checkbox"/> M/S</div></div><div>Last Name/Surname</div><div></div><div>First Name</div><div></div><div>Middle Name</div><div></div></div>										
<div>4. Gender(for individual applicants only)</div> <div><div><input checked="" type="checkbox"/> Male</div><div><input type="checkbox"/> Female</div></div>										
<div>5. Date of Birth/Incorporation/Agreement/Partnership or Trust Deed/ Formation of Body of individuals or association of Persons</div> <div><div>Day</div><div>Month</div><div>Year</div><div>01/12/1996</div></div>										
<div>6. Details of Parents (applicable only for individual applicants)</div> <div><div>Father's Name (Mandatory - Even married women should fill in father's name only)</div><div><div>Last Name/Surname</div><div>CHIKANI</div><div>First Name</div><div>NARANBHAI</div><div>Middle Name</div><div>MULJIBHAI</div><div>Mother's Name (Optional)</div><div><div>Last Name/Surname</div><div></div><div>First Name</div><div></div><div>Middle Name</div><div></div></div></div><div><div>Select the name of either father or mother which you may like to be printed on PAN card (select one only)</div><div>(In case no option is provided then PAN card will be issued with father's name)</div><div><div><input checked="" type="checkbox"/> Father's Name</div><div><input type="checkbox"/> Mother's Name</div><div>(Please tick as applicable)</div></div></div></div>										
<div>7. Address</div> <div><div>Residence Address</div><div><div>Flat / Room / Door / Block</div><div>226</div><div>Name of Premises / Building /</div><div>NEAR PANCHAYAT STREET</div><div>Road / Street / Lane/Post Office</div><div>NEW GANTAL - HAMIRPAR</div><div>Area / Locality / Taluka/ Sub-</div><div>TANKARA</div><div>Town / City / District</div><div>MORBI</div><div>State / Union Territory</div><div>GUJARAT</div><div>Pincode / Zip code</div><div>363650</div><div>Country Name</div><div>INDIA</div></div><div>Office Address</div><div><div>Name of office</div><div></div><div>Flat / Room / Door / Block</div><div></div><div>Name of Premises / Building /</div><div></div><div>Road / Street / Lane/Post Office</div><div></div><div>Area / Locality / Taluka/ Sub-</div><div></div></div></div>										

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

7359445903

Email ID

MAYURNCHIKANI12@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

336668115217

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

chikani mayurkumar

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

Elector's photo identity card as proof of address and

Birth Certificate issued by the Municipal Authority or any office authorized to issue Birth and Death Certificate by the Registrar of Birth and Death of the Indian Consulate 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 MAYURKUMAR CHIKANI 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

AHMEDABAD

DD MM YYYY

Date

02/10/2017

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