Form 49A Application for Allotment of Permanent Account Number [In the case of Indian Citizens/Indian Companies/Entities incorporated in India/

[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

> Date: 13/02/2023 VIeID:-PM79722<u>38706</u> Print

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

Signature / Left Thumb
Impression accross this photo

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

Application Number: G071167384 Coupon Number: G071167384

Assessin	ng Officer(AO Code)			
Area Code	AO Type	Range Code	AO No	
(Full expanded name: initials are not permitted):				

1. Full Name (Full expanded	name: initials are not permitted):			
Title:- SHRI	Last Name:- TAKSAL Middle Name:- SANJAY			
2. Abbreviation of the above AVISHKAR SANJAY TAKSAL	name, as you would like it, to be printe	ed on the PAN card:-		
3. Have you been known by				
	Last Name:-	Middle Name:-	First Name:-	
4. Gender:-			М	
5.Date of Birth / Incorporatio Individuals/Association of Po	18/11/2004			
6. Father's Name :				
Last Name:- TAKSAL	Middle Name:- BHAUSAHEB	First Name:- SANJAY		

7. Address:-					
Residential Address:-					
Flat/Door/Block No.:-	000				
Name of Premises/Building/Village:-	KESAPUR				
Road/Street/Lane/Post Office:-	KESAPUR				
Area/Locality/Taluka/Sub-Division:-					
Town/City/District:- AHMED NAGAR State/Union Territory:- MAHARASHTRA PIN Code:- 413715	Country:- INDIA				
Official Address:-					
Office Name:-					
Flat/Door/Block No.:-					
Name of Premises/Building/Village:-					
Road/Street/Lane/Post Office:-					
Area/Locality/Taluka/Sub-Division:-					

.,	State/Union Territory:-	PIN Code:-	Country:-
8. Address for Communication:-	RESIDENCE		

9. Telephone Nun	nber & Email ID I	Details :-			
Country Code:-	Area/STD Code:-	Telephone/Mobile Number:-	5177369968	Email Address:-	AVISHKARTAKSAL18@GMAIL.COM
10. Status of the Applicant:-		Individual			
11. Registration Number(for Company,firms,LLP's etc):-					
12. Please Mention your AADHAAR Number(if allotted) :-		517736996803			
13.Source of Income					
Business/Profession code:-					

14. 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 colmns 1 to 13.				
	Last Name:-	Middle Name:-	First Name:-	
Flat/Door/Block No.:-		·		
Name of Premises/Building/Village:				
Road/Street/Lane/Post Office:-				
Area/Locality/Taluka/Sub-Division:-				
Town/City/District:-	State/Union Territory:-	PIN Code:-		

15. I/We have enclosed AADHAAR Card issued by UIDAI (In CAADHAAR Card issued by UIDAI (In Copy) as Proof of Addressued by UIDAI (In Copy) as Proof of DOB.		
16. I/We AVISHKAR SANJAY TAKSAL ,the applicant,in the ca do hereby declare that what is stated above is true to the best belief.		
KESAPUR		
Place	Date	Signature/Left thumb impression of the applicant