Acknowledgement Number: N- 881031113897734 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

Only 'Individuals' to affix recent

Area / Locality / Taluka/ Sub-

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Sir, I/We hereby reques	-		nber be	allotted	to me/u	s.					mb Impressio	n of
I/We give below necess 1. Full Name (Full expande			earing i	in proof	of ident	itv/add	ress docum	nents: ir			de the box)	
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Middle Name	<u> </u>											
2. Abbreviations of the a	 bove name, as y	ou would like it,	to be p	rinted or	n the PA	N card	1					
MUNNI DEVI												1
3. Have you ever been kn	own by other na	ame?										
If yes, please give that o			Yes	Y	No							
Please select title, as a	pplicable		Shri		Smt.		Kumari		M/S			
Last Name/Surname												7
First Name												Ī
Middle Name	Ē											ī
4. Gender(for individual	applicants only	/)		Male		I	Female					
5. Date of Birth/Incorpor	ation/Agreemen	nt/Partnership or	Trust D	eed/ For	mation	of Bod	y of individ	uals or	association o	of Pers	ons	
	Year	7										
01/01/1957]										
Details of Parents (approximately Father's Name (Mandately Mandately)				or's non	ao only)							
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Last Name/Surname	<u> </u>											_
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Mother's Name (Optiona	1)											1
Last Name/Surname]
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Select the name of either (In case no option is prov						ard (se	elect one only	y)				
	Father's Name			ner's Nan			/5	Dloaco ti	ck as applicat	hlo)		
7. Address							(1	.0036 (1	on ao applicat	010)		
Residence Address												
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Road / Street / Lane/Pos												Ħ
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Office Address		203138					"	101/				
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Road / Street / Lane/Pos	t Office											7

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 deta	ils							
Country code Area		e / Mobile number						
91	80576	379759						
	WARI@GMAIL.COM							
10. Status of applicant			Government					
Please select status, as applicable								
	ndivided family Company	Partnership Firm	Association of Persons					
☐ Trusts ☐ Body of 11. Registration Number (for compa	Individuals	Artificial Juridical Persons	Limited Liability Partnership					
11. Registration Number (for compa	my, mms, LLF's etc./							
12. Please mention your AADHAAR	number (if allotted)							
862093440494	number (ii anotteu)							
13. Source of Income								
			Capital Gains					
☐ Salary	n :							
Income from Business /	Business/Profession [F	for Code: Refer instructions]	Income from Other sources					
Income from House property			✓ No income					
14. Representative Assessee (RA)								
Full name, address of the Representat particulars have been given in the coll	tive Assessee, who is assessible under the l	income Tax Act in respect of the pe	erson, whose					
Full Name (Full expanded name : ir			N					
Please select title as applicable	Shri S	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	e					
15. Documents submitted as Proof of Id	entity (POI), Proof of Address (POA) and Pr	oof of Date of Birth (DOB)						
			d by the Unique Identification					
			as proof of date of birth.					
. ADITAN	Card issued by the Unique Identification Authorified in Rule 114 of I.T. Rules, 1962) for list							
applicable		or manuatory certifie <u>d documents</u>	to be submitted as					
[Annexure A, Annexure B & Annexure C are to be used wherever applicable]								
16 I/We MUNNI DEVI			mself/Herself					
do hereby declare that what is stated above is true to the best of my/our information and belief.								
Place HALDWANI								
DD MM	I YYYY							
Date 02/02/2017			ature / Lett Thumb Impression of					
		Signa	Applicant (inside the box)					