



## 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]  
See Rule 114

To avoid mistake (s), please follow the accompanying instructions and examples before filling up the form

Assessing officer (AO code)

Area code	AO type	Range code	AO No.
B P L	- W	8 6 -	0 4

Sign / Left Thumb Impression  
across this photo

Signature / Left Thumb Impression

Sir,

I/We hereby request that a permanent account number be allotted to me/us.

I/We give below necessary particulars:

- 1 Full Name (Full expanded name to be mentioned as appearing in proof of identity/date of birth/address documents: initials are not permitted)

Please select title, ☒ as applicable

☒ Shri ☐ Smt. ☐ Kumari ☐ M/s

Last Name / Surname

PRAVEEN

First Name

KONDA

Middle Name

GURLA

- 2 Abbreviations of the above name, as you would like it, to be printed on the PAN card

K G PRAVEEN

- 3 Have you ever been known by any other name?

☐ Yes

☒ No

(please tick as applicable)

If yes, please give that other name

Please select title, ☒ as applicable

☐ Shri ☐ Smt. ☐ Kumari ☐ M/s

Last Name / Surname

First Name

Middle Name

- 4 Gender (for Individual applicants only)

☒ Male

☐ Female

☐ Transgender

(please tick as applicable)

- 5 Date of Birth/Incorporation/Agreement/Partnership or Trust Deed/ Formation of Body of individuals or Association of Persons

Day

Month

Year

24

06

1996

- 6 Details of Parents (applicable only for individual applicants)

Whether mother is a single parent and you wish to apply for PAN by furnishing the name of your mother only?

☐ Yes

☒ No (please tick as applicable)

If yes, please fill in mother's name in the appropriate space provide below.

Father's Name (Mandatory except where mother is a single parent and PAN is applied by furnishing the name of mother only)

Last Name / Surname

ASHOK

First Name

KONDAGURLA

Middle Name

Mother's Name (optional except where mother is a single parent and PAN is applied by furnishing the name of mother only)

Last Name / Surname

First Name

Middle Name

Select the name of either father or mother which you may like to be printed on PAN card (Select one only)

☒ Father's name

☐ Mother's name

(Please tick as applicable)

(In case no option is provided then PAN card will be issued with father's name except where mother is a single parent and you wish to apply for PAN by furnishing name of the mother only).

- 7 Address

Residence Address

Flat / Room / Door / Block No.

HOUSE NO 20

Name of Premises / Building / Village

CHERPALLI

Road / Street / Lane/Post Office

CHERPALLI

Area / Locality / Taluka/ Sub- Division

BHOPALPATNAM

Town / City / District

BIJAPUR

State / Union Territory

Pincode / Zip code

Country Name

CHHATTISGARH

494448

INDIA



**Office Address**

Name of office

Flat / Room / Door / Block No.

Name of Premises / Building / Village

Road / Street / Lane/Post Office

Area / Locality / Taluka/ Sub- Division

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

7646880367

Email ID

kgpraveen23@gmail.com

**10 Status of applicant**Please select status, ☒ as applicable☒ Individual☐ Hindu undivided family☐ Company☐ Partnership Firm☐ Government☐ 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 or the Enrolment ID of Aadhaar application form as per section 139 AA**

Please mention your AADHAAR number (if allotted)

740695283249

If AADHAAR number is not allotted, please mention the enrolment ID of Aadhaar application form

Name as per AADHAAR letter or card or as per the Enrolment ID of Aadhaar application form

K G PRAVEEN

**13 Source of Income**☐ Salary  
☐ Income from Business / Profession  
☐ Income from House property

Business/Profession code

[For Code: Refer instructions]

Please select, ☒ as applicable☐ Capital Gains☒ Income from Other sources☐ 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 No.

Name of Premises / Building / Village

Road / Street / Lane/Post Office

Area / Locality / Taluka/ Sub- Division

Town / City / District

State / Union Territory

Pincode

**15 Documents submitted as Proof of Identity (POI), Proof of Address (POA) and Proof of Date of Birth (POB)**I/We have enclosed **AADHAAR CARD** as proof of identity.**AADHAAR CARD**as proof of address and **AADHAAR CARD** 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 **K G PRAVEEN** the applicant, in the capacity of **HIMSELF**  
do hereby declare that what is stated above is true to the best of my/our information and belief.

Place :

**BIJAPUR**

Date :

D D M M Y Y Y Y  
**14082020**Signature / Left Thumb Impression of  
Applicant (inside the box)



भारत सरकार

Government of India



के.जी. प्रवीण  
K.G. Praveen

जन्म तिथि / DOB : 24/06/1996  
पुरुष / Male



7406 9528 3249

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता: आत्मज: के.जी. अशोक, 20,  
गांव - चेरपल्ली, पोस्ट - चेरपल्ली,  
चेरपल्ली, चेरपल्ली, बीजापुर,  
भोपालपटनम, छत्तीसगढ़, 494448

Address: S/O: K.G. Ashok, 20, gaon -  
cherpalli, post - cherpalli, Cherpalli,  
Cherpalli, Bijapur, Bhopalpattanam,  
Chhattisgarh, 494448

7406 9528 3249

1947  
1800 300 1947

help@uidai.gov.in

www  
www.uidai.gov.in