

## 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

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

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'Individuals'  
to affix recent  
photograph  
(3.5 cm x  
2.5 cm)

## Assessing officer (AO code)

Area code	AO type	Range code	AO No.
- B P L	W	8 6	3

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

BHAKHARA

First Name

GALAXY SENIOR SECONDARY

Middle Name

SCHOOL

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

GALAXY SENIOR SECONDARY SCHOOL BHAKHARA

## 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

13

04

2004

## 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

First Name

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.

WARD-06 MAHAVIR CHOWK

Name of Premises / Building / Village

BHAKHARA

Road / Street / Lane/Post Office

BHAKHARA

Area / Locality / Taluka/ Sub- Division

KURU

Town / City / District

DHAMTARI

State / Union Territory

Pincode / Zip code

Country Name

CHHATTISGARH

493770

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

Email ID

+91

7987062075

SS Pang 88@gmail.com

**10 Status of applicant**Please select status, ☒ as applicable☐ Individual☐ Hindu undivided family☐ Company☐ Partnership Firm☐ Government☐ Trusts☐ Body of Individuals☐ Local Authority☐ Artificial Juridical Persons☒ Association of 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)

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

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

Business/Profession code

[For Code: Refer instructions]

☐ Income from House propertyPlease 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 REG. CERTIFICATE as proof of identity, REG. CERTIFICATE as proof of address and REG. CERTIFICATE 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 VINOD KUMAR SAHU, the applicant, in the capacity of AUTHORISED do hereby declare that what is stated above is true to the best of my/our information and belief.

Place :

DHANTARI

Date :

D D M M Y Y Y Y

13012020

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





भारत सरकार  
Government of India



विनोद कुमार साह  
VINOD KUMAR SAHU  
जन्म तिथि / DOB : 18/04/1984  
पुरुष / Male



8516 0794 9119

आधार - आम आदमी का अधिकार

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

पता: S/O: मदन लाल साह, चर्रा,  
कोकडि रोड, कुरुद, चर्रा, कुरुद,  
धमतरी, छत्तीसगढ़, 493663

Address: S/O: Madan Lal Sahu, CHARRA,  
KOKADI ROAD, KURUD, Charra, Kurud,  
Dhamtari, Chhattisgarh, 493663

8516 0794 9119

947  
800 300 1947

help@uidai.gov.in

www.uidai.gov.in

*Sahu*



XXX-Part.—21

रूप क्रमांक 2

( देखिये नियम 7 )



छत्तीसगढ़ शासन

## समिति का पंजीयन प्रमाणपत्र

क्रमांक सं.रा./जिला धमतरी/पं.क्र.-3620

यह प्रमाणित किया जाता है कि मैतक्सी शिक्षण समिति, कुर्द

समिति जो म.नं.28, वार्ड नं.10, धाना चौक कुर्द, तहसील

जिला धमतरी में स्थित है, छत्तीसगढ़

सोसाइटी रजिस्ट्रीकरण अधिनियम, 1973 ( सन् 1973 का क्रमांक 44 )

के अधीन 13-4-2004 को पंजीयित की गई है ।

दिनांक तेरह अप्रैल सन् 2004



(जी. जी. महन्त)  
रजिस्ट्रार के अति. रजिस्ट्रार  
समितियों के रजिस्ट्रार