

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 | | 9 1 | 1 |



Sir,
53763250016
MP ONLINE
I/We hereby request that a permanent account number be allotted to me/us.
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

BAI

First Name

SAVITRA

Middle Name

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

SAVITRA BAI

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

01

01

1963

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

MANGILAL

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.

25 KAYTHA KA MAZARA

Name of Premises / Building / Village

RAMPURA

Road / Street / Lane/Post Office

KAYTHA

Area / Locality / Taluka/ Sub- Division

TARANA

Town / City / District

UJJAIN

State / Union Territory

Pincode / Zip code

Country Name

MADHYA PRADESH

456665

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

9098914432

Email ID

deepakrathore2050@outlook.com

10 Status of applicantPlease 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) 837762865662

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

SAVITRA BAI

13 Source of IncomePlease select, ☒ as applicable☐ Salary☐ Income from Business / Profession

Business/Profession code

[For Code: Refer instructions]

☐ Income from House property☐ 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 as proof of identity, AADHAAR

as proof of address and AADHAAR 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 SAVITRA BAI, the applicant, in the capacity of

HER SELF

do hereby declare that what is stated above is true to the best of my/our information and belief

Place:

KAYTHA

Date:

DDMMYY
23072020

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


भारत सरकार
Government of India


सावित्रा बाई
Savitra Bai
जन्म तिथि / DOB : 01/01/1963
महिला / Female



8377 6286 5662

आधार - आम आदमी का अधिकार




भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
W/O: राधेश्याम जी, 25, कायथा का
माजरा, रामपुरा, रामपुरा, कायथा,
कायथा, उज्जैन, मध्य प्रदेश,
456665

Address:
W/O: Radhesyam Ji, 25, kaytha
ka mazara, rampura, rampura,
Kaytha, Kaytha, Ujjain, Madhya
Pradesh, 456665

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1800 300 1947

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