

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 8	0 4

Sign / Left Thumb impression across this photo



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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

B H A R T I

First Name

L A K S H

Middle Name

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

L A K S H B H A R T I

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

20

01

2013

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

B H A R T I

First Name

G A Y A R A M

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.

H O U S E N O 7 5

Name of Premises / Building / Village

C H H I N D D I H P A A R A

Road / Street / Lane/Post Office

C H H I N D

Area / Locality / Taluka/ Sub- Division

S A R A N G A R H

Town / City / District

R A I G A R H

State / Union Territory

Pincode / Zip code

Country Name

CHHATTISGARH

496445

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

7000949529

Email ID

NEELMANI SAHU 1995 @ GMAIL. 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) 985458086883

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

LAKSH BHARTI

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

BHARTI

First Name

GAYARAM

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

CHHATTISGARH

496445

15 Documents submitted as Proof of Identity (POI), Proof of Address (POA) and Proof of Date of Birth (POB)

I/We have enclosed AADHAR CARD as proof of identity, AADHAR CARD

as proof of address and 20/01/2013 (AADHAR 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 GAYARAM BHARTI

HIMSELF

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

Place :

CHHIND

Date :

D D M M Y Y Y Y

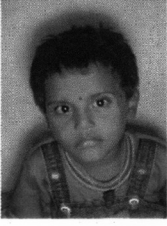
24082019

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



भारत सरकार
Government of India



लक्ष भारती
Laksh Bharti
पिता : गयारम भारती
Father : Gayaram Bharti
जन्म तिथि / DOB : 20/01/2013
पुरुष / Male



9854 5808 6883

मेरा आधार, मेरी पहचान



भारत सरकार
Unique Identification Authority of India

पता:
आत्मज: गयारम भारती, हाउस न.
75, डीह पारा, वॉर्ड न. 04, छिन्द,
छिन्द, छिन्द, रायगढ़, सारंगढ़,
छत्तीसगढ़, 496445

Address:
S/O: Gayaram Bharti, House no.
75, diha para, Ward no. 04, chhind,
Chhind, Chhind, Raigarh,
Sarangarh, Chhattisgarh, 496445

9854 5808 6883



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गयारम भारती

24/08/2019

 भारत सरकार
Government of India

 गयारम भारती
Gayaram Bharti
जन्म तिथि / DOB : 20/06/1990
पुरुष / Male



6107 0143 8472

आधार - आम आदमी का अधिकार

 भारतीय विधिक पहचान आधिकारण
Unique Identification Authority of India

पता: S/O: हीरालाल, डीह पारा,
छिन्द, छिन्द, छिन्द, रायगढ़,
छत्तीसगढ़, 496445

Address: S/O: Heralal, dih para, CHHIND,
Chhind, Chhind, Raigarh, Chhattisgarh,
496445

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24/08/2019