

## 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

Sign / Left Thumb impression  
across this photo

Assessing officer (AO code)

Area code	AO type	Range code	AO No.
B P L	- W	- 8 9	- 5

Umernd

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

U M E N D

First Name

Middle Name

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

U M E N D

## 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

19 06 1994

## 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

R A M

First Name

D H A N I

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.

20

Name of Premises / Building / Village

S A D A K P A R A M I R C H I D

Road / Street / Lane/Post Office

P A R S A D I H

Area / Locality / Taluka/ Sub- Division

B I L A I G A R H

Town / City / District

B A L O D A - B A Z A R

State / Union Territory

Pincode / Zip code

Country Name

CHHATTISGARH

493338

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

N	E	E	L	M	A	N	I		C	O	M	P	U	T	E	R	S		C	E	N	T	E	R
B	A	Z	A	R		C	H	O	U	K		C	H	H	I	N	D							
C	H	H	I	N	D																			
C	H	H	I	N	D																			
S	A	R	A	N	G	A	R	H																
R	A	I	G	A	R	H																		

Pincode / Zip code

Country Name

CHHATTISGARH

496445

INDIA

**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

8839242423

Email ID

APNAPANINDIA01@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) 971062139873

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

UMEND

**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 AADHAR CARD as proof of identity, AADHAR CARD

as proof of address and 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 &amp; Annexure C are to be used wherever applicable]

I/We UMEND, 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 :

CHHIND

Date :

D D M M Y Y Y Y

13102019

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

Umenef



भारत सरकार  
Government of India



उमैद  
Umend  
जन्म तिथि/DOB: 19/06/1994  
पुरुष/ MALE



9710 6213 9873

VID: 9125 0020 6916 9028

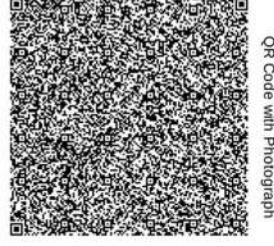
मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

पता:  
S/O धनी राम , हाउस न. 20, सडक पारा, मिरचीद,  
मिरचिद, बलोदा बाजार,  
छत्तीसगढ़ - 493338

**Address:**  
S/O Dhani ram , House No. 20,  
Sadak Para, Mirchid, Mirchid, Baloda Bazar,  
Chhattisgarh - 493338



QR Code with Photograph

9710 6213 9873

VID: 9125 0020 6916 9028



help@uidai.gov.in



www.uidai.gov.in

Umend



**Annexure -B**

(Certificate to be used by the Employer on the letter head of the organization / institution under sub-rule (4) of rule 114 of the Income-tax Rules, 1962)



It is hereby certified that Sh./Smt/Kum... **UMEND** son/daughter of **DHANIRAM** is employed with us since ..... He/She is presently working at the following address of the organisation:-

Office Address **NEELMANI COMPUTERS CENTER**

**BAZAR CHOUK CHHIND**

**TEH- SARANGARH DIST- RAIGARH (C.G.) PIN- 496445**

The residential address of the applicant as verified by us is given below:

Residential Address **HOUSE NO 20**

**SADAK PARA MIRCHID POST- PARSADIH**

**TEH- BILAIGARH DIST- BALODA BAZAR (C.G.) PIN- 493338**

Registration Number of the Company/Institution etc.....

PAN of the Company/Institution:

**Details of the Individual issuing the certificate**

Full Name: **NEELMANI SAHU**

Designation: **(PROPIETER) NEELMANI SAHU**

PAN of the Individual:

Office address with location: **NEELMANI COMPUTERS CENTER**

Telephone: **BAZAR CHOUK CHHIND**

Mobile: **TEH- SARANGARH DIST- RAIGARH**

**7589826010**

**C.G. 496445**

Date: **13.10.2019**

Place: **CHHIND**

**लोक सेवा केन्द्र**

**छिन्द**

**तह. सारंगढ़, जि. रायगढ़ (छ.ग.)**

(Signature)

Office Seal

NOTE : ANNEXURE-B का उपयोग पैन कार्ड को अपने ऑफिस में मंगाने के लिए किया जाता है ।

ANNEXURE B का उपयोग तभी करें जब आप आवेदक को जानते, पहचानते और उनका रिस्क लेते हैं ।