

**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 B N W		4	2

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 ☐ Kuman ☐ M/s

Last Name / Surname

XALXO

First Name

MUKTI

Middle Name

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

MUKTI XALXO

**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

(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 1965**6 Details of Parents (applicable only for individual applicants)**

Father's Name (Mandatory. Even married women should fill in father's name only)

Last Name / Surname

TOPPO

First Name

DANIAL

Middle Name

Mother's Name (optional)

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)

(In case no option is provided then PAN card will be issued with father's name)

☒ Father's name☐ Mother's name

(Please tick as applicable)

**7 Address**

Residence Address

Flat / Room / Door / Block No.

KUNKURI

Name of Premises / Building / Village

KHOTGAON

Road / Street / Lane/Post Office

LODHMA

Area / Locality / Taluka/ Sub- Division

KUNKURI

Town / City / District

TASHPUR

State / Union Territory

Pincode / Zip code

Country Name

496225

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

7805934281

Email ID

**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 Aadhar number or the Enrolment ID of Aadhar application form as per section 139 AA**

Please mention your AADHAAR number (if allotted)

935857552189

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

MUKTI XALXO

**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 CARDas 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]

**16 I/We MUKTI XALXO, 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 :

JASHPUR

Date :

D M M Y Y Y Y  
02 09 2018Signature / Left Thumb impression of  
Applicant (inside the box)



भारत सरकार  
Government of India



मुक्ति खलखो  
Mukti Xalxo  
जन्म तिथि / DOB : 01/01/1965  
महिला / Female



9358 5755 2184

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

पता: अधोगिनी, स्व फबियनुस  
खलखो, खुटगाँव अम्बाटोली, खुटगाँव  
अम्बाटोली), जशपुर, लोहमा,  
छत्तीसगढ़, 496225  
Address: W/O: Late Phabiyanus Xalxo,  
KHUTGAON AMBATOLI,  
Khutgaon(Ambatoli), Jashpur, Lodhma,  
Chhattisgarh, 496225

9358 5755 2184

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कृष्णलता शर्मा