



Sign/left Thumb impression across this photo

Form No. 49A  
Application for Allotment of Permanent Account Number  
[In the case of Indian Citizens/Indian Companies/Entities incorporated in India/  
Unincorporated entities/Partnership firms/Trusts/Associations of Persons/  
Under section 139A of the Income Tax Act, 1961  
To avoid mistake(s), please follow the instructions and examples before filling up the form  
562355622

138355975



Signature/Left Thumb impression

Assessing officer (AO code)

Area code	AO type	Range code	AO No.
047	-	309	2

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

I/We give below necessary particulars :

Appl. Verify  
1351453432

1 Full Name (Full expanded name to be mentioned as appearing in proof of identity/address documents: initials are not permitted)

Please select title, ☒ as applicable ☐ Shri ☒ Smt. ☐ Kumari ☐ M/s

Last Name / Surname VASAVA  
First Name JAYABEN  
Middle Name SAVANBHAI

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

VASAVA JAYABEN SAVANBHAI

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 01 Month 01 Year 1995

6 Father's Name (Only 'Individual' applicants: Even married women should fill in father's name only)

Last Name / Surname VASAVA  
First Name ARJUNBHAI  
Middle Name CHHANABHAI

7 Address

Residence Address

Flat/Room/Door/Block No. MANDIR FALGU  
Name of Premises/Building/Village BAKROL  
Road/Street/Lane/Post Office  
Area/Locality/Taluka/Sub-Division ANKLESHWAR  
Town/City/District BHARUCH  
State/Union Territory GUJARAT  
Pincode / Zip code 393001  
Country Name

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 &amp; Email ID details

Country code	Area/STD Code	Telephone / Mobile number
<input type="text"/>	<input type="text"/>	9537643866
Email ID <input type="text"/>		

## 10 Status of applicant

Please select status, ☒ as applicable

<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Hindu undivided family	<input type="checkbox"/> Company	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Government
<input type="checkbox"/> Trusts	<input type="checkbox"/> Body of Individuals	<input type="checkbox"/> Local Authority	<input type="checkbox"/> Artificial Juridical Persons	<input type="checkbox"/> Association of Persons
				<input type="checkbox"/> Limited Liability Partnership

## 11 Registration Number (for company, firms, LLPs, etc.)

## 12 In case of a citizen of India, then

Please mention your AADHAAR number (if allotted)

318220596178

## 13 Source of income

Please select status, ☒ as applicable

<input type="checkbox"/> Salary	<input type="checkbox"/> Capital Gains
<input type="checkbox"/> Income from Business / Profession	<input type="checkbox"/> Income from Other sources
<input type="checkbox"/> Income from House property	<input checked="" type="checkbox"/> No income

Business / Profession code  [For Code/Refer instructions]

## 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	<input type="text"/>
First Name	<input type="text"/>
Middle Name	<input type="text"/>

Address

Flat/Room/Door/Block No.	<input type="text"/>
Name of Premises/Building/Village	<input type="text"/>
Road/Street/Lane/Post Office	<input type="text"/>
Area/Locality/Taluka/Sub-Division	<input type="text"/>
Town/City/District	<input type="text"/>
State/Union Territory	Pincode <input type="text"/>

## 15 Documents submitted as Proof of Identity (POI) and Proof of Address (POA)

I/We have enclosed **AADHAAR CARD** as proof of identity and **AADHAAR CARD** as proof of address.

(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)

16 I/We **NASHA JYABEN SAVANBHAI** the applicant, in the capacity of **INDIVIDUAL** do hereby declare that what is stated above is true to the best of my/our information and belief.

Place

16 MAY 2015

Date

PSA CODE: 1GJ73756

Signature

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



ભારત સરકાર  
Unique Identification Authority of India  
Government of India

નોંધણીની ઓળખ / Enrollment No.: 1187/52076/05293

To  
વસાવા જયાબેન સાવનભાઈ  
Vasava Jayaben Savanbhai  
mandir faliyu  
Bakrol  
Ankleshwar  
Anklesvar Bharuch  
Gujarat 393001

124973128



ML249731289FT



તમારો આધાર નંબર / Your Aadhaar No. :

**3182 2059 6178**

આધાર - સામાન્ય માણસનો અધિકાર



ભારત સરકાર

Government of India



વસાવા જયાબેન સાવનભાઈ  
Vasava Jayaben Savanbhai  
જન્મ તારીખ / DOB : 01/01/1995  
સ્ત્રી / Female



**3182 2059 6178**

આધાર - સામાન્ય માણસનો અધિકાર





