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

CANCELLED
PAN CARD
PROCESSING
FEE
562355628

138355854



Signature/Left Thumb impression

Assessing officer (AO code)

Area code	AO type	Range code	AO No.
0903	14	309	3

1251453437
Appl. Verify

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/address documents: initials are not permitted)
Please select title, ☒ as applicable ☐ Shri ☒ Smt. ☐ Kumari ☐ M/s

Last Name / Surname THAKOR
First Name MANISHABEN
Middle Name RAMESHBHAI

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

THAKOR MANISHABEN RAMESHBHAI

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 09 Month 02 Year 1981

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

Last Name / Surname PATANWADIA
First Name BHAGVANBHAI
Middle Name PARSOTTAMBHAI

7 Address

Residence Address

Flat/Room/Door/Block No. HANSNAGAR NR GOLDEN BRIDGE
Name of Premises/Building/Village JUNA BORBHATHA BET
Road/Street/Lane/Post Office BORBHATHA BET
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 & Email ID details

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

Email ID

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)

906559715157

Please select status. ☒ as applicable

13 Source of income

<input type="checkbox"/> Salary		<input type="checkbox"/> Capital Gains
<input type="checkbox"/> Income from Business / Profession	Business / Profession code <input type="text"/>	<input type="checkbox"/> Income from Other sources
<input type="checkbox"/> Income from House property	(For Code: Refer instructions)	<input checked="" type="checkbox"/> 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) 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 **THAKOR MANJUNATH RAMESH BHAT**, 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/Left Thumb Impression of

Applicant (inside the box)



ભારતીય વિશિષ્ટ ઓળખાણ પ્રાધિકરણ

ભારત સરકાર

Unique Identification Authority of India
Government of India

નોંધણીની ઓળખ / Enrollment No.: 1187/52087/01622

To
ઠાકોર મનિષાબેન રમેશભાઈ
Thakor Manishaben Rameshbhai
W/O: Thakor Rameshbhai Chandubhai
Hans nagar
Near Golden Bridge Juna borbhatha bet
Borbhatha Bet
Borbhathabet
Anklesvar Bharuch
Gujarat 393001

20/01/2014
105389414



ML053894141FT



તમારો આધાર નંબર / Your Aadhaar No. :

9065 5971 5157

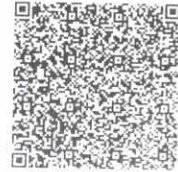
આધાર - સામાન્ય માણસનો અધિકાર



ભારત સરકાર

Government of India

ઠાકોર મનિષાબેન રમેશભાઈ
Thakor Manishaben Rameshbhai
જન્મ તારીખ / DOB : 09/02/1981
સ્ત્રી / Female



9065 5971 5157

- સામાન્ય માણસનો અધિકાર

