Form No. 49A

Application for Allotment of Permanent Account Number

[In the case of Indian CitizeCANCE LE L'Entities incorporated in india/

Unincor Under sec To avoid mistake(s), please follow th PAN CARD PROCESSING FEE FACT, 1961 and examples be

ax Act, 1961

and examples before filling up the form

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Assessing officer (AO code)

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4 Gender (for Individual a						ale		Fema												
6 Father's Name (Only 'Indivi-	idual' applicants: E	ven ma	arried w	omen :	should	fill in fa	ther's	name o	only)											
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9 Telephone Number & Email ID details
Country code Area/STD Code Telephone / Mobile number
91 7567809946
Email ID
10 Status of applicant
Please select status, 🗸 as applicable Government
Individual Hindu undivided family Company Partnership Firm Association of Persons
Trusts Body of Individuals Local Autority Artificial Juridical Persons 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)
13 Source of income Please select status, 🗸 as applicable
Salary Capital Gains
Income from Business / Profession Business / Profession code [For Code:Refer instructions] Income from Other sources
Income from House property 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
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 PASSPORT as proof of identity and PASSPORT
as proof of address. [Please refer to the instructions (as specified in RIFE COLUMN STATE OF THE U.S. 1952 for list of mandatory certified documents to be submitted as applicable)
[Please refer to the instructions (as specified in table 114 of Tables 1952 for list of mandatory certified documents to be submitted as applicable] 16 I/We RAY ASKOK Ankleshwar , the applicant, in the capacity of TUDIUTOUNL
do hereby declare that what is stated above is true to the best of my/our information and belief.
Place X 6 MAY 2015
D D M M YPSAYCODE: 1GJ 737 Signature/Left Thumb Impression of Applicant (inside the box)



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कुन्मतिथि / Date of Birth urante 4./ Passport No. H1661053 10/04/1985 SINCE STORES REPUBLIC OF INDIA outh every reserve / Place of Issue fart / Sax The start Country Code E (देवा गया नाम / Civen Name(s) oper veriet/ Place of Birth GOPALGANJ gregiact/Nationality INDIAN ASHOK RAY 0.

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समास्ति की तिथि / Date of Expiry

18/11/2018

जारी करने की तिथि / Date of Issue

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GOPALGANJ BIHAR

SEMRAON HATHWA MIRGANJ

पति या घटनी वंग नाम / Name of Spouse

NAIN MATO DEVI

माला का नाम / Name of Mother

RAMESHWAR RAY गिला / कानूनी अभिनायक का नाग / Name of Father / Legal Guardian

LOSS, THEFT OR DESTRUCTION OF THIS PASSPORT SHOULD BE IMMEDIATELY REPORTED TO THE WEAREST PASSPORT AUTHORITY IN INDIA OR IF THE HOLDER IS ARROAD, TO THE WEAREST HUDIAN MISSION/TOST AND TO THE LOCAL POLICE. ONLY AFTER EXHAUSTIVE SEQUIRIES SHALL A DUPLICATE PASSPORT BE ISSUED.

THIS PASSPORT SHOULD NOT BE SENT OUT OF ANY COUNTRY BY POST THIS SHOULD BE IN THE CUSTODY EITHER OF THE HOLDER. IT MUST NOT BE ALTERED BY THE HOLDER. IT MUST NOT BE ALTERED BY THE HOLDER. IT MUST NOT BE SENT OF MUST NOT BE SENT OF ALTERED BY THE PASSPORY SHOULD BY THE PASSPORT BY THE PASSPOR

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