



Sign/Left Thumb impression across this photo

Form No. 49A

Application for Allotment of Permanent Account Number

[In the case of Indian Citizens/Entities incorporated in India/

Unincorporated entities in India]

Under section 139A of the Income Tax Act, 1961

To avoid mistake(s), please follow the instructions and examples before filling up the form

562355630

139255957



Signature/Left Thumb impression

Assessing officer (AO code)

Area code	AO type	Range code	AO No.
093	-4	309	2

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

First Name

Middle Name

POOJARY
KARTHIK
KRISHNA

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

KARTHIK K POOJARY

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

25

06

1996

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

Last Name / Surname

First Name

Middle Name

POOJARY
KRISHNA
BABA

7 Address

Residence 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 / Zip code

Country Name

GUJARAT

393010

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

Email ID

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 citizen of India, then

Please mention your AADHAAR number (if allotted)

13 Source of income

☐

Salary

☐

Income from Business / Profession

Business / Profession code

[For Code: Refer instructions]

☐

Income from House property

Please select status, ☒ 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) 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 the Income Tax Rules, 1962) for list of mandatory certified documents to be submitted as applicable]

16 I/We

POOJARY KARTHIK KRISHNAN

Development Support Team

I/We 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

Date

PSA CODE : 1GJ 73755

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

ભારત સરકાર
Government of India

કાર્તિક કે પુજરી
Karthik K Poojary

જન્મ તારીખ / DOB : 25/06/1996
પુરુષ / Male

6826 8943 6299

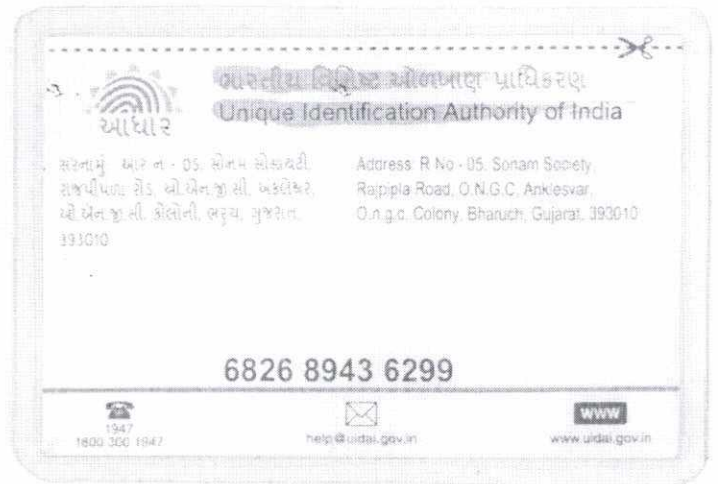
આધાર - સામાન્ય માણસનો અધિકાર

11/06/2020

વિધાયક સભા

વિધાયક સભા - કોલેજીયલ સ્કોલરશિપ

વિધાયક સભા - 2217 હાઈવે પાસે



ભારતીય ઇલેક્ટ્રોનિક ઓળખાણ પ્રાધિકરણ
Unique Identification Authority of India

સરનામું: આર નં - 05, સોનમ સોસાયટી,
રાજપીપ્લા રોડ, ઓ.એન.જી.સી, અંકલેશ્વર,
ઓ.એન.જી.સી. કોલોની, ભરૂચ, ગુજરાત,
393010

Address R No - 05, Sonam Society,
Rajppla Road, O.N.G.C, Anklesvar,
O.n.g.c. Colony, Bharuch, Gujarat, 393010

6826 8943 6299

1947
1800 360 1947

help@uidai.gov.in

www.uidai.gov.in