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Form No. 49A

Application for Allotment of Permanent Account Number

[In the case of Indian Citizen]

Unincorporated

Under section

To avoid mistake(s), please follow the



Entities incorporated in India/

and in India]

tax Act, 1961

and examples before filling up the form

120255401



Signature/Left Thumb impression

Assessing officer (AO code)

Area code	AO type	Range code	AO No.
U Y J - W 3 0 9			U

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

I/We give below necessary particulars :

Appl. Verify

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

PATEL
SANKITABEN
SHANTILALBHAI

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

PATEL SANKITABEN SHANTILALBHAI

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

1977

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

Last Name / Surname

First Name

Middle Name

PATEL
MOHANBHAI
KESHANBHAI

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

39030

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☐ Government☒ Individual☐ Hindu undivided family☐ Company☐ Partnership Firm☐ 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

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☐ 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

PATEL SANJAYABEN SHANTILAL BEHRE

and 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

A CODE: 1GJ727

Signature/Left Thumb Impression of

Applicant (inside the box)



ભારત સરકાર

Government of India



પટેલ સંગીતા બેન
Patel Sangita Ben

જન્મ તારીખ / DOB : 01/01/1972
સ્ત્રી / Female



7159 7595 0930

આધાર - સામાન્ય માણસનો અધિકાર



આધાર

ભારતીય વિશિષ્ટ ઓળખાણ પ્રાધિકરણ
Unique Identification Authority of India

સરનામું: W/O: પટેલ શાંતીલાલ ભાઈ,
અણિયાદરા, હાંસોટ, ભરૂચ, હાંસોટ, ગુજરાત,
393030

Address: W/O: Patel Shantilal Bhai,
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Gujarat, 393030

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