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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 entities incorporated in India]

Under the Income Tax Act, 1961

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

562355617

138355984



Signature/Left Thumb impression

Assessing officer (AO code)

Area code	AO type	Range code	AO No.
0503	4	309	3

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

I/We give below necessary particulars :

1 Appl Verify
138355984

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

ADIYAL

First Name

MANIBEN

Middle Name

AMARSINH

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

ADIAL MANIBEN AMARSINH

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

1948

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

Last Name / Surname

KOHIL

First Name

KHURSINH

Middle Name

JACMAL SINGH

7 Address

Residence Address

Flat/Room/Door/Block No.

RAJPUT FALYA

Name of Premises/Building/Village

JUNA DINA

Road/Street/Lane/Post Office

Area/Locality/Taluka/Sub-Division

ANKLASHWAR

Town/City/District

BHARUCH

State/Union Territory

Pincode / Zip code

Country Name

GUJARAT

393001

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)

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 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 as proof of identity and 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 the applicant, in the capacity of do hereby declare that what is stated above is true to the best of my/our information and belief.

Place

Date

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



भारत सरकार
Unique Identification Authority of India
Government of India

123
Aditya Maniben Amarsinh
Rajput Faliyu
Juna Diva
Ankleshwar
Ankleshwar
Anklesvar Bharuch
Gujarat 393001



8983 2489 2680

સામાન્ય - સામાન્ય માણસનો અધિકાર



અડીયલ મણીબેન અમરસિંહ
Adiyal Maniben Amarsinh
જન્મ તારીખ / DOB : 01/01/1948
સ્ત્રી / Female



8983 2489 2680

સામાન્ય માણસનો અધિકાર



આધાર ઓળખાણનું પ્રમાણ છે, નાગરિકતાનું નહીં
આધાર ઓળખાણનું પ્રમાણ ઓનલાઇન ઓથેન્સિકેશન દ્વારા
પ્રાપ્ત કરી શકાય છે.

INFORMATION

- Aadhaar is proof of identity, not of citizenship
- To establish identity, authenticate online

આધાર દેશભરમાં માન્ય છે
આધાર ભવિષ્યમાં સરકારી અને બિન સરકારી
સેવાઓનો લાભ મેળવવામાં ઉપયોગી થશે
Aadhaar is valid throughout the country
Aadhaar will be helpful in availing Government
and Non-Government services in future



ભારતીય વિશિષ્ટ ઓળખાણ અધિયાયન
Unique Identification Authority of India

સરનામું:
રાજપુત ફલીયુ, જૂના દીવા, અંકલેશ્વર,
અંકલેશ્વર, ભરૂચ, ગુજરાત, 393001

Address:
Rajput Faliya, Juna Diwa,
Ankleshwar, Ankleshwar,
Bharuch, Gujarat, 393001

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