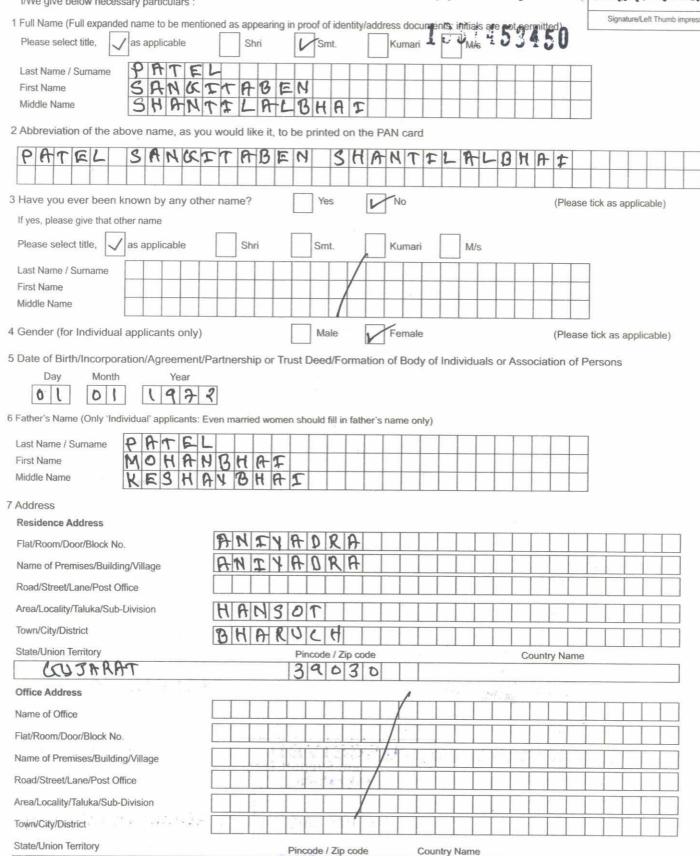
Form No. 49A Application for Allotment of Permanent Account Number ELalo EDEntities incorporated in india/ [In the case of Indian Citizer Uninco A d in India] 20 PROCESSING Under sec ax Act, 1961 To avoid mistake(s), please follow the nd examples before filling up the form 562355642 Assessing officer (AO code) Range code M 0 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 document Smt. Please select title, √ as applicable PATEL Last Name / Surname First Name

20255401 राजीलाक्षेत्र उन्द्रामा Signature/Left Thumb impression (Please tick as applicable) (Please tick as applicable)

(Please tick as applicable)



Residence

Office

8 Address for Communication

9 Telephone Number & Email ID details	
Country code Area/STD Code Telephone / Mobile number	
9574874256	
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	þ
11 Registration Number (for company firms, LttPs, etc.)	
12 In case of a citizen of India, then	
Please mention your AADHAAR number (if allotted) A 1 59 3 5 9 5 0 9 3 0	
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	
No issues	
Income from House property	
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 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 SANCETTABEN SHANTINAL STEPPORT Team TWO TYPOU AL	
do hereby declare that what is stated above is true to the best of my our incorpation and belief.	
Place 16 MAY 2015 2131-424-424	
1 0 11111 10113	
D D M M Y Y Y Y Signature/Left Thumb Impression of Applicant (inside the box)	
Date 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



बारतीय विशिष्ट खोणभाए। प्राधिकरध Unique Identification Authority of India

સરનામું W/O: પટેલ શાતીલાલ ભાઈ. અપ્રિયાદરા, કાસોટ, ભરુય, કાસોટ, ગુજરાત. 393030

Address: W/O: Patel Shantilal Bhai, Aniyadara, Hansot, Bharuch, Hansot, Gujarat, 393030

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