Only 'Individuals' to affix recent photograph (3.5 cm x 2.5 cm)

Area / Locality / Taluka/ Sub- Division

KATTIGENAHALLI

Acknowledgement Number: N- 882036157006826

Form NO. 49A

Application for Allotment of Permanent Account Number [In the case of Indian Citizens/Indian Companies/Entities incorporated in India/ Unincorporated entities formed in India]

Only 'Individuals' to affix recent photograph (3.5 cm x 2.5 cm)

| nly 'Individuals' to affix recent notograph (3.5 cm x 2.5 cm) | To avoid | Under section 139A of the Income Tax act, 1961 To avoid mistake (s), please follow the accompanying instructions and examples before filling up ssessing officer (AO code) | | | | | | | | |
|--|---------------------|---|-------------------------------------|---------------------|--|----------------------|--|--|--|--|
| Sign/ Left Thumb impression | | AO TYPE | Range Code | AO NO | | | | | | |
| Sign/ Left Thumb impression | AREA CODE | + | + - | + | | | | | | |
| | KAR | W | 212 | 3 | | | | | | |
| Sir, I/We hereby reque I/We give below neces | | nt account number | oe allotted to me/us | | Signature / Left 1 | Thumb Impression of | | | | |
| I. Full Name (Full expand | led name to be me | ntioned as appearir | ng in proof of identi | ty/address docum | ents: initials are not pe | rmitted) | | | | |
| Please select title, as a Last Name/Surname | ·· | □ SI Rushika | nri 🔲 Smt | ☐ Kumari | ✓ M/S | | | | | |
| | N | HUSHIKA | | | | | | | | |
| First Name | | | | | | | | | | |
| Middle Name | | | | | | | | | | |
| 2. Abbreviations of the a | above name, as yo | u would like it, to be | e printed on the PA | N card | | 1 | | | | |
| KRUSHIKA 3. Have you ever been kr | nown by other nam | 2 | | | | | | | | |
| If yes, please give that | • | le? ☐ Yes | ☑ No | | | | | | | |
| Please select title, as | | ☐ Shi | | Kumari | ☐ M/S | | | | | |
| Last Name/Surname | | | | | | | | | | |
| First Name Middle Name | | | | | | | | | | |
| 4. Gender(for individual | L applicants only) | | Male | Female | Transgend | ier | | | | |
| 5. Date of Birth/Incorpo | , | Partnership or Trus | | | | | | | | |
| • | Year | , | | | | | | | | |
| 04/03/2022 | | <u> </u> | | | | | | | | |
| Details of Parents (ap Whether mother is a s | • | | • | | | Yes No | | | | |
| (please tick as applica If yes,please fill in mo Father's Name (Manda Last Name/Surname | ther's name in the | | | applied by furnish | ning the name of mother | r only) | | | | |
| First Name | | | | | | | | | | |
| Middle Name | | | | | | | | | | |
| | nal except where r | nother is a single p | arent and PAN is a | pplied by furnishir | ng the name of mother o | only) | | | | |
| Last Name/Surname | _ | | | | | | | | | |
| First Name Middle Name | | | | | | | | | | |
| Select the name of eith | er father or mother | which you may like to | be printed on PAN | card (select one on | ly) | | | | | |
| (In case no option is p | | | • | ` | • / | | | | | |
| | | card will be issued | lother's Name with father's name | | Please tick as applicable) ther is a single parent ar | nd you wish to apply | | | | |
| Residence Address | | | | | | | | | | |
| Flat / Room / Door / Blo | ock No. | | | | | | | | | |
| Name of Premises / Bui | | | | | | | | | | |
| Road / Street / Lane/Po | est Office | | | | | | | | | |
| Area / Locality / Taluka/ | | | | | | | | | | |
| Town / City / District | | | | | | | | | | |
| State / Union Territory | L | Pincode / Zip | code | | Country Name | | | | | |
| , | | · | | | • | | | | | |
| Office Address | | | | | | | | | | |
| Name of office | KI | RUSHIKA | | | | | | | | |
| Flat / Room / Door / Blo | | | | | | l | | | | |
| | ck No. B- | 803 | | | | | | | | |
| Name of Premises / Bui | <u> </u> | 803 TESH CENTRAL PA | ARK | | | | | | | |

| T (0) (D) | | DANCALORE | | | | | | |
|--------------------------------------|--------------------|-----------------------------------|-------------------|----------------|---------------------|---------------|----------------------|----------------------------|
| Town / City / District | BANGALORE | | | | | | | |
| State / Union Territory | | Pincode / Zip code | | | Country Name | | | |
| KARNATAKA | | 560063 | | | INDI | Α | | |
| 8. Address for Comr | nunication | Resider | nce | I | Office | Please | tick as applicable | • |
| 9. Telephone Numbe | er & Email ID det | tails | | | | | | |
| Country code | Area | /STD Code | Т | elephone / | Mobile number | | | |
| 91 | | | | 7406999 | 003 | |] | |
| Email ID | NAMAG | TE OKRUSUWA A | | | | | J | |
| 10. Status of applica | | TE@KRUSHIKA.O | RG | | | | | |
| Please select stat | | e. | | | | | Gove | rnment |
| Individual | _ | ndivided family | Company | , | ☑ Partnership | Firm | Assoc | iation of Persons |
| ☐ Trusts | Body of I | • | Local Au | | Artificial Jurio | | _ | d Liability Partnership |
| 11. Registration Nun | | | | , | Artificial surfe | ilcai i eisoi | | a Elability Fartholomp |
| | | | , | | | | | |
| 12. In case of a pers | on. who is requi | ired to quote Aadh | aar number/ th | e Enrolme | ent ID of Aadhaai | application | n form as per s | ection 139AA |
| Please mention | - | - | | | | - При | | |
| If AADHAAR number | | ` | , L | Aadhaar a | oplication | | | |
| Name as per AADH | AAR letter/card o | or as per the Enrolm | ent ID of Aadha | ar applica | tion | | | |
| | | | | | | | | |
| 13. Source of Income | | | | | | | | |
| Salary | | Business/Profe | ssion 20 |) [Fo | r Code: Refer inst | ructions] | | al Gains |
| Income from E | Business / | | | | | • | | ne from Other sources |
| Income from I | House property | | | | | | ☐ No in | come |
| 14. Representative A | | | | | | | | |
| Full name, address of | · | | s assessible un | der the Inc | ome Tax Act in re | spect of the | e person, whose | |
| particulars have been | - | ımn 1-13. initials are not pei | \ | | | | | |
| • | is applicable | initials are not per | Shri | ☐ Sm | t 🗖 Ku | ımari | M/s | |
| | ιο αρριιοασίο | | | | | | | |
| Last Name/Surname | | | | | | | | |
| First Name | | | | | | | | |
| Middle Name | | | | | | | | |
| Address | | | | | | | | |
| Flat / Room / Door / B | | | | | | | | |
| Name of Premises / B | | | | | | | | |
| Road / Street / Lane/P | | | | | | | | |
| Area / Locality / Taluk | a/ Sub- Division | | | | | | | |
| Town / City / District | | | | | | | | |
| State / Union Territory | | Pin | code | | г | Country N | ame | 7 |
| | | | | | L | | | |
| 15. Documents submi | | | of of Address (| (POA) and | Proof of Date of | Birth (DOI | 3) | _ |
| I/We have enclosed | artnership Deed | i | | | | | | as proof of identity |
| Partnership Deed | | | | | | | | as proof of address and |
| | | | | | | | | as proof of date of birth. |
| | | | | 2) 6 11 | | | | • |
| [Please refer to the inst applicable | ructions (as spec | cified in Rule 114 of | I. I. Rules, 1962 | 2) for list of | mandatory certific | ed docume | nts to be submitt | ed as |
| [Annexure A, Annexure | B & Annexure C | are to be used who | erever applicabl | | | , Г | Partner | |
| 16 I/We TILAK D P | what is stated -1 | novo io truo to the h | oot of mularester | 1 | icant, in the capac | ary of _ | . ai ilici | |
| do hereby declare that belief. | wiiai is stated at | Jove is true to the b | est of my/our in | ionnation a | and belief. | | | |
| Place | BANGALORE | | | | | | | |
| | DD MM | | | | | | | |
| Date | 21/03/2022 | <u> </u> |] | | L | S | ignature / Left Thui | mb Impression of |
| | | | • | | | | | |