

<div><div></div><div>Only 'Individuals' to affix recent photograph (3.5 cm x 2.5 cm)</div></div>	<div>Acknowledgement Number: N- 882130173926982</div> <div>Form NO. 49A</div> <div>Application for Allotment of Permanent Account Number</div> <div>[In the case of Indian Citizens/Indian Companies/Entities incorporated in India/Unincorporated entities formed in India]</div> <div>Under section 139A of the Income Tax act, 1961</div> <div>To avoid mistake (s), please follow the accompanying instructions and examples before filling up</div>	<div><div></div><div>Only 'Individuals' to affix recent photograph (3.5 cm x 2.5 cm)</div></div>								
<div>Sign/ Left Thumb impression</div>	<div>Assessing officer (AO code)</div> <table><tr><td>AREA CODE</td><td>AO TYPE</td><td>Range Code</td><td>AO NO</td></tr><tr><td>NGP</td><td>W</td><td>3</td><td>1</td></tr></table>	AREA CODE	AO TYPE	Range Code	AO NO	NGP	W	3	1	<div></div> <div>Signature / Left Thumb Impression of</div>
AREA CODE	AO TYPE	Range Code	AO NO							
NGP	W	3	1							
<div>Sir, I/We hereby request that a permanent account number be allotted to me/us. I/We give below necessary particulars:</div>										
<div>1. Full Name (Full expanded name to be mentioned as appearing in proof of identity/address documents: initials are not permitted)</div> <div>Please select title, as applicable<div><div><input type="checkbox"/> Shri</div><div><input type="checkbox"/> Smt</div><div><input type="checkbox"/> Kumari</div><div><input checked="" type="checkbox"/> M/S</div></div></div> <div>Last Name/Surname<div>PRANAV KESHAV SURYA HUF</div></div> <div>First Name<div></div></div> <div>Middle Name<div></div></div>										

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

91

7887861100

Email ID

PSURYA631@GMAIL.COM

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 person, who is required to quote Aadhaar number/ the Enrolment ID of Aadhaar application form as per section 139AA

Please mention your AADHAAR number (if allotted)

If AADHAAR number is not allotted, please mention the enrolment ID of Aadhaar application

Name as per AADHAAR letter/card or as per the Enrolment ID of Aadhaar application

13. Source of Income

☐ Salary

Business/Profession

☐ Income from Business /

☐ Income from House property

[For Code: Refer instructions]

☐ 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 /

Road / Street / Lane/Post Office

Area / Locality / Taluka/ Sub- Division

Town / City / District

State / Union Territory

Pincode

Country Name

15. Documents submitted as Proof of Identity (POI), Proof of Address (POA) and Proof of Date of Birth (DOB)

I/We have enclosed

AADHAAR Card issued by the Unique Identification Authority of India

as proof of identity

AADHAAR Card issued by the Unique Identification Authority of India

as proof of address and

AADHAAR Card issued by the Unique Identification Authority of India

as proof of date of birth.

[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]

[Annexure A, Annexure B & Annexure C are to be used wherever applicable]

16 I/We PRANAV KESHAV SURYA

the applicant, in the capacity of

Karta

do hereby declare that what is stated above is true to the best of my/our information and belief.

Place

NAGPUR

DD MM YYYY

Date

14/09/2024

Signature / Left Thumb Impression of