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

Area / Locality / Taluka/ Sub- Division

Acknowledgement Number: N-882130173926982

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]

Under section 139A of the Income Tax act, 1961

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

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

Assessing	officer (AO	code)

Siç	gn/ Left Thumb impression	AREA CODE	AO TYPE	Range Code	AO NO			
		NGP	w	3	1			
	Sir, I/We hereby request	that a perman	ent account number be	allotted to me/us.	<u>.                                    </u>		Signature / Left Thumb Imp	pression of
	I/We give below necessa	ary particulars:	•					
1.	Full Name (Full expanded Please select title, as ap		nentioned as appearing Shri			ents: i	nitials are not permitted) M/S	
	Last Name/Surname	·	PRANAV KESHAV SUR		⊒ Kulliali		IVI/S	
	First Name							
	Middle Name							
2.	Abbreviations of the ab	ove name, as v	ou would like it, to be n	rinted on the PAN	card			
	PRANAV KESHAV SUR		, ou moulu milo il, to bo p					
3.	Have you ever been kno		ame?					
	If yes, please give that of	ther name	Yes	☑ No				
	Please select title, as ap	pplicable	<u> </u>	☐ Smt.	<u> </u>		M/S	
	Last Name/Surname First Name	-						
	Middle Name	-						
4.	Gender(for individual	applicants only	<i>(</i> )	Male	Female		Transgender	
	Date of Birth/Incorpora			Deed/ Formation of	Body of individu	ıals or		
	-	ear	_		•			
	25/07/1991							
6.	Details of Parents (app		• • • • • • • • • • • • • • • • • • • •				V	NI -
	Whether mother is a sin (please tick as applicable If yes, please fill in moth	le)			the name of your	moth	er only? Yes	No
	Father's Name (Mandate	ory except whe	ere mother is a single pa	arent and PAN is a	pplied by furnish	ing the	e name of mother only)	
	Last Name/Surname	· [	<u> </u>					
	First Name							
	Middle Name							
	Mother's Name (Optiona	al except where	e mother is a single pare	ent and PAN is app	olied by furnishin	g the ı	name of mother only)	
	Last Name/Surname							
	First Name							
	Middle Name	L						
	Select the name of either		• •		ard (select one onl	y)		
		ovided then PAN ather's Name	N card will be issued with	fatner's name) her's Name	(D	loaca t	ick as applicable)	
							a single parent and you w	ish to apply
	for PAN by furnishing na	ame of mother	only)					
	. Address							
	Residence Address	[3	301					
	Flat / Room / Door / Block	INO.		K GALI				
	Name of Premises / Build	g,ge						
	Road / Street / Lane/Post	-	KHARE TOWN DHARAMPETH					
	Area / Locality / Taluka/ S	=	SHANKAR NAGAR					
	Town / City / District	L	Pincode / Zip code Country Name					
ı	State / Union Territory		Pincode / Zip co	ue			у іматіе	——
	MAHARASHTRA		440010		IN	IDIA		
	Office Address							
	Name of office							
	Flat / Room / Door / Block	No.						
	Name of Premises / Build	ing / Village						一
	Road / Street / Lane/Post	Office						<b>=</b>

Town / City / District								
Town / City / District								
State / Union Territory	State / Union Territory					Country Na	me	
8. Address for Communication	cation	Resider	nce		Office	Please	tick as applicable	Э
9. Telephone Number & I	Email ID det	ails						
Country code	Area	/STD Code	-	Telephone /	Mobile number			
91				7887861	100		]	
Email ID	PSURY/	A631@GMAIL.COM					<u>-</u>	
10. Status of applicant	1001(17	1001 @ OIII/AIL.OOI	<u>*•</u>					
Please select status, a	as applicable	e					Gove	rnment
Individual	☑ Hindu ur	ndivided family	Compar	ny	Partnership	Firm	Assoc	ciation of Persons
	Body of I	-	Local Au	uthority	Artificial Jurio		ns 🔲 Limite	ed Liability Partnership
11. Registration Number	(for compa	ny, firms, LLPs et	c.)		_			
12. In case of a person, v	who is requi	ired to quote Aadh	naar number/ t	he Enrolme	ent ID of Aadhaa	 r applicatio	on form as per s	ection 139AA
Please mention your	· AADHAA	R number (if al	lotted)					
If AADHAAR number is no	ot allotted, p	lease mention the	enrolment ID of	f Aadhaar a	pplication			
Name as per AADHAAR	letter/card o	or as per the Enrolm	nent ID of Aadh	aar applicat	ion			
13. Source of Income		D : /D (					Capit	al Gains
Salary Income from Busin	ness /	Business/Profe	ession	[Fo	r Code: Refer inst	tructions]		ne from Other sources
Income from Hous							<b>☑</b> No in	ncome
14. Representative Asses								
Full name, address of the F	Representati	ve Assessee, who	is assessible u	nder the Inc	ome Tax Act in re	spect of the	e person, whose	
particulars have been give								
Full Name (Full expand		initials are not per	rmitted) ¶ Shri	☐ Sm	t 🗀 Kı	umari	M/s	
	plicable		<u>J</u>			aman		
Last Name/Surname								
First Name								
Middle Name								
Address	Na							
Flat / Room / Door / Block   Name of Premises / Buildir								
Road / Street / Lane/Post (								
Area / Locality / Taluka/ Su Town / City / District	ID- DIVISION							
State / Union Territory		LPin	ncode			Country N	2ma	
					[	Country 14	unio	7
15. Documents submitted	as Proof of	Identity (POI). Pro	of of Address	(POA) and	Proof of Date of	Birth (DO	B)	
		ssued by the Unio		• •			_,	as proof of identity
AADHAAR Card issued by								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 instruction	ons (as spec	cified in Rule 114 of	I.T. Rules, 196	62) for list of	mandatory certifi	ed docume	nts to be submitt	ed as
applicable [Annexure A, Annexure B &	Annexure C	are to be used wh	erever applicat	ole]		,		
16 I/We PRANAV KESHA					cant, in the capad	city of	Karta	
do hereby declare that what	t is stated at	pove is true to the b	est of my/our in	nformation a	ind belief.			
belief. Place	AGPUR							
DD		YYYY						
	09/2024	1111	7			S	Signature / Left Thu	mb Impression of
<u> </u>			i L					