

Acknowledgement Number: N- 881056156858054



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

Assessing officer (AO code)

AREA CODE	AO TYPE	Range Code	AO NO
LKN	W	26	1

Signature / Left Thumb Impression of

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 documents: initials are not permitted)

Please select title, as applicable

☐ Shri ☒ Smt ☐ Kumari ☐ M/S

Last Name/Surname

DEVI

First Name

NIRAMA

Middle Name

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

NIRAMA DEVI

3. Have you ever been known by other name?

If yes, please give that other name

☐ Yes ☒ No

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 ☐ Transgender
5. Date of Birth/Incorporation/Agreement/Partnership or Trust Deed/ Formation of Body of individuals or association of Persons

Day Month Year

11/06/1996

6. Details of Parents (applicable only for individual applicants)

Whether mother is a single parent and you wish to apply for PAN by furnishing the name of your mother only?

Yes ☐ No ☒

(please tick as applicable)

If yes, please fill in mother's name in the appropriate space provided below.

Father's Name (Mandatory except where mother is a single parent and PAN is applied by furnishing the name of mother only)

Last Name/Surname

SHARAN

First Name

RAM

Middle Name

Mother's Name (Optional except where mother is a single parent and PAN is applied by furnishing the name of mother only)

Last Name/Surname

First Name

Middle Name

Select the name of either father or mother which you may like to be printed on PAN card (select one only)

(In case no option is provided then PAN card will be issued with father's name)

☒ Father's Name ☐ Mother's Name (Please tick as applicable)

(In case no option is provided then PAN card will be issued with father's name except where mother is a single parent and you wish to apply for PAN by furnishing name of mother only)

7. Address**Residence Address**

Flat / Room / Door / Block No.

makarandpur post mahuapar

Name of Premises / Building / Village

Mahuapar

Road / Street / Lane/Post Office

Area / Locality / Taluka/ Sub-

Town / City / District

Gorakhpur

State / Union Territory

Pincode / Zip code

Country Name

UTTAR PRADESH

273402

INDIA

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

91 9935495582

Email ID ASHOKARYA9935495582@GMAIL.COM

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 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) XXXXXXXX7064

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

NIRAMA DEVI

13. Source of Income

☐ Salary

Business/Profession

[For Code: Refer instructions]

☐ Capital Gains

☐ Income from Business /

☐ Income from Other sources

☐ Income from House property

☒ 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 NIRAMA DEVI the applicant, in the capacity of

Himself/Herself

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

Place

GORAKHPUR

DD MM YYYY

Date

17/03/2022

Signature / Left Thumb Impression of