

INCOME TAX RULES, 1962

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)

See Rule 114

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

Assessing officer (AO code)

Area code	AO type	Range code	AO No.
P T N	W	6 0	9 2

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

DUKHANI

Middle Name

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

DUKHANI DEVI

3 Have you ever been known by any other name? ☐ Yes ☒ No (please tick as applicable)

If yes, please give that other name

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 (please tick as applicable)

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

Day Month Year
 01 07 1969

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

Father's Name : (Mandatory, Even married women should fill in father's name only)

Last Name / Surname

RAY

First Name

UGAN

Middle Name

Mother's Name (optional)

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)

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

Residence Address

Flat / Room / Door / Block No.

49

Name of Premises / Building / Village

AURABARI

Road / Street / Lane/Post Office

BAIJUKURA

Area / Locality / Taluka/ Sub- Division

MOHANPUR

Town / City / District

DEOGHAR

State / Union Territory

Pincode / Zip code

Country Name

JHARKHAND 814143 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

Email ID

10 Status of applicant

Please select status, ☒ as applicable☒ Individual☐ Hindu undivided family☐ Company☐ Partnership Firm☐ Government☐ Trusts☐ Body of Individuals☐ Local Authority☐ Artificial Juridical Persons☐ Association of 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) 2341 1723 8541

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

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

13 Source of Income

☐ Salary☐ Income from Business / Profession☐ Income from House property

Business/Profession code

(For Code: Refer instructions)

Please select, ☒ as applicable☐ 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 / 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), Proof of Address (POA) and Proof of Date of Birth (DOB)

I/We have enclosed AADHAAR as proof of identity,

as proof of address and AADHAAR 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 SELF, the applicant, in the capacity of

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

Place:

DEOGHAR

Date:

DDMMYY
16042024

Signature / Left Thumb Impression of Applicant (inside the box)



भारत सरकार

Unique Identification Authority of India
Government of India

नामांकन क्रमांक/Enrolment No.: 1172/20023/36940

To: Dukhani Devi
(दुखनी देवी)
W/O Purn Ray
House Number- 49
Aurabari
Dangra
Jharkhand - 814143

Date: 05/13/2011



EY 02569043 4 IN

Ref. No.: 05032011-00368

आपका आधार क्रमांक / Your Aadhaar No. :

2341 1723 8541

आधार - आम आदमी का अधिकार



भारत सरकार
GOVERNMENT OF INDIA



दुखनी देवी
Dukhani Devi

जन्म वर्ष / Year of Birth : 1969
महिला / Female

2341 1723 8541



आधार - आम आदमी का अधिकार