## **INCOME TAX RULES, 1962**

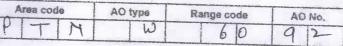
## Form No. 49A

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 (a), please follow the accompanying instructions and examples before filling up the form

Assessing officer (AO code)





Sir, I/We hereby request that a permanent account number be allotted to me/us. I/We give below necessary particulars: . 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 V Smt. Kumari M/s Last Name / Sumame KUMARI First Name KHUSHBU Middle Name Abbreviations of the above name, as you would like it, to be printed on the PAN card KHUSHBU KUMAR 3 Have you ever been known by any other name? No (piease tick as applicable) . If yes, please give that other name Please select title, 🗸 as applicable Smi Kumari M/S Last Name / Sumame First Name Middle Name 4 Gender (for Individual applicants only) Female Male Transgender (please tick as applicable) Date of Birth/Incorporation/Agreement/Partnership or Trust Deed/ Formation of Body of individuals or association of Persons 0 200 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 NGH First Name SMN Middle Name Mother's Name (optional) Last Name / Sumame 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 Address Mother's Name (Please tick as applicable) Residence Address Flat / Room / Door / Block No. Name of Premises / Building / Village NTHUR Road / Street / Lane/Post Office JHACAR Area / Locality / Taluka/ Sub- Division MOHAMPUR Town / City / District DEOGHAR State / Union Territory Pincode / Zip code Country Name JHARKHAND 41 20 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 To a / City / District Sta a / Union Territory Pincode / Zip code Country Name

Individual Hindu undivided family Company Partnership Firm Association  Trusts Body of Individuals Local Authority Artificial Juridical Persons Limited Lie  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 Please mention your AADHAAR number (if allotted) 6 9 3 0 6 4 6 9 5 9 4 3  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  Name as per AADHAAR letter/card or as per the Enrolment ID of Aadhaar application form  13 Source of Income  Salary Capital Gains  Income from Business / Profession Business/Profession code [For Code: Refer instructions] Income from Capital Gains  Income from House property  14 Representative Assessee (RA)  Full name, address of the Representative Assessee, who is assessible under the Income Tax Act in respect of the person, whose pabeen given in the column 1-13.  Full Name (Full expanded name: Initials are not permitted)	Government  Inership Firm  Association of Persons  Limited Liability Partners  adhaar application form as per section 139AA  5 9 4 3  n form  Please select,  as applicable  Capital Gains  Refer instructions  Income from Other sources  No income	Country code  Area/STD Code  Telephone / Mobile number  Please select status  Status of applicant  Please select status.    as applicable  Individual    Hindu undivided family    Company    Partnership Firm    Association of Person  Trusts    Body of Individuals    Local Authority    Artificial Juridical Persons    Limited Liability Partn  Registration Number (for company, firms, LLPe etc.)  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)    Please mention your AADHAAR number (if allotted)    Please mention in the enrolment ID of Aadhaar application form  Name as per AADHAAR letter/card or as per the Enrolment ID of Aadhaar application form  Source of Income  Source of Income  Source of Income  Source from Business / Profession    Business/Profession code    [For Code: Refer instructions]    Income from Other source    Income from House property    No income  Representative Assessee (RA)  Full name, address of the Representative Assessee, who is assessible under the Income Tax Act in respect of the person, whose particulars he been given in the column 1–13.  Full Name, (Full expanded name: Initials are not permitted)	Country code	8 Address 1	for Communication	DATE			T	Res	idenc	e			Offic	e			(PI	ease	tick	as a	oplica	abie)	
Email ID  10 Status of applicant Please select status.  as applicable	Government  Inership Firm  Association of Persons  It inited Liability Partners  adhaar application form as per section 139AA  3 4 3  n form  Please select, as applicable  Capital Gains  Refer instructions  Income from Other sources  No income	Email ID  Status of applicant Please select status. sa applicable  Individual Hindu undivided family Company Partnership Firm Association of Persor  Trusts Body of Individuals Local Authority Attificial Juridical Persons Limited Liability Partn Registration Number (for company, firms, LLPs etc.)  In Case of a person, who is required to quote Aadhaar number if he Enrolment ID of Aadhaar application form as per section 139AA Please mention your ADH-AAR number (if alotted) 6 9 5 0 1 4 5 9 5 9 4 3  If AADH-AAR number is not allotted, please mention the enrolment ID of Aadhaar application form  Name as per AADH-AAR letter/card or as per the Enrolment ID of Aadhaar application form  Source of Income  Source of Income  Source of Income  Source of Income  Income from Business / Profession  Income from House property  Representative Assessee (RA)  Full name, address of the Representative Assessee, who is assessible under the Income Tax Act in respect of the person, whose particutars in been given in the column 1-13.  Full Name (Full expanded name : initials are not permitted) Please select the Call of the person, whose particutars in last Name / Sumane  Registration Area (Full expanded name : initials are not permitted)  Please select the Call of the person, whose particutars in last Name / Sumane  Registration Area (Full expanded name : initials are not permitted)  Please select the Call of the person, whose particutars in last Name / Sumane  Registration Area (Full expanded name : initials are not permitted)  Registration Area (Full expanded name : initials are not permitted)  Registration Area (Full expanded name : initials are not permitted)  Registration Area (Full expanded name : initials are not permitted)  Registration Area (Full expanded name : initials are not permitted)  Registration Area (Full expanded name : initials are not permitted)  Registration Area (Full expanded name : initials are not permitted)  Registration Area (Full expanded name : initials are not permitted)  Registration Area (Full expanded na	Email to  Status of applicant Please select status.  se applicable	3 Telephone	e Number & Emai	il ID detail:	8		* Talleton					Same									4,		
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नामांकन क्रम Enrolment No.: 0815/30005/07370

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Issue Date: 06/02/2021



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मेरा अधार, मेरी पहचान



आरत सरकार Government of India



28/02/2021



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