For Pan Purpose Only



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.
PNE	W	52	91

Harishkr

Signature / Left Thumb Impression

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/date of birth/address documents: initials are not permitted)

Please select title, ✓ as applicable ☐ Shri ☑ Smt. ☐ Kumari ☐ M/s

Last Name / Surname: HARISHCHANDRE

First Name: CHHAYA

Middle Name: SUNIL

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

CHHAYA SUNIL HARISHCHANDRE

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: 26 Month: 04 Year: 1990

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 provide 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: SHETE

First Name: RAJENDRA

Middle Name: ANNDRAO

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*)

☑ 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 the mother only)'.

7 Address

Residence Address

Flat / Room / Door / Block No.: HARISHCHANDRE VASTI

Name of Premises / Building / Village: DHAMORI KH

Road / Street / Lane/Post Office: DHAMORI

Area / Locality / Taluka/ Sub- Division: RAHURI

Town / City / District: AHEDNAGAR

State / Union Territory: MAHARASHTRA

Pincode / Zip code: 413709

Country Name: INDIAN

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: +91 Area/STD Code: Telephone / Mobile number: 9921373301

Email ID: sk.khadambe@gmail.com

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 or the Enrolment ID of Aadhaar application form as per section 139 AA

Please mention your AADHAAR number (if allotted) 764169280203

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

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

CHHAYA

SUNIL

HARISHCHANDRE

Please select, ☑ as applicable

13 Source of Income

☐ Salary

☐ Income from Business / Profession Business/Profession code ☐☐ [For Code: Refer instructions]

☐ Income from House property

☐ Capital Gains

☑ Income from Other sources

☐ No income

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 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 (POB)

I/We have enclosed Adhar Card as proof of identity, Adhar Card as proof of address and Adhar Card 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 Chhaya Sunil Harishchandre the applicant, in the capacity of Hiself do hereby declare that what is stated above is true to the best of my/our information and belief.

Place : Khadambe (Ch.

Date : D D M M Y Y Y Y 09082021

Harishi

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

भारत सरकार
Government of India

आधार



Issue Date: 26/01/2014

छाया सुनील हरिश्चंद्रे
Chhaya Sunil Harishchandre

जन्म तारीख / DOB: 26/04/1990

महिला / Female



7641 6928 0203

मेरा आधार, मेरी पहचान

For Pan Purpose Only

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

AADHAAR

पत्ता: हरिश्चंद्रे वस्ती, धामोरी खुर्द, अहमदनगर, महाराष्ट्र, 413704

Print Date: 13/08/2021

Address: harishchandre vasti, Dhamori Khurd, Ahmadnagar, Maharashtra, 413704

7641 6928 0203

1947 help@uidai.gov.in www.uidai.gov.in