



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

ABU SALAM

Assessing officer (AO code)

Area code			AO type		Range code			AO No.	
M	U	M	W		8	7		3	

ABU SALAM.

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	SHAIKH
First Name	FAREEN
Middle Name	ABU SALAM

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

FAREEN ABU SALAM SHAIKH

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** **(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	05	2008

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	SHAIKH
First Name	ABU
Middle Name	SALAM

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)

☑ Father's name ☐ Mother's name *(Please tick as applicable)*

7 Address

Residence Address

Flat / Room / Door / Block No.	B-16 PART NO-2
Name of Premises / Building / Village	MOHD RAFIQ NAGAR GOVANDI
Road / Street / Lane/Post Office	NEAR BABE REHMAT MASJID
Area / Locality / Taluka/ Sub- Division	SHIVAJI NAGAR
Town / City / District	MUMBAI

State / Union Territory	Pincode / Zip code	Country Name
MAHARASHTRA	400043	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: +91 | Area/STD Code | Telephone / Mobile number: 7400378315

Email ID: RK9820899484@GMAIL.COM

10 Status of applicant

Please select status, ☑ as applicable

☑ Individual ☐ Hindu undivided family ☐ Company ☐ Partnership Firm ☐ Government

☐ 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 Aadhar number or the Enrolment ID of Aadhar application form as per section 139 AA

Please mention your AADHAAR number (if allotted): 994267036983

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: FAREEN ABU SALAM SHAIKH

13 Source of Income ***Please select, ☑ as applicable***

☐ 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: SHAIKH

First Name: ABU SALAM

Middle Name: ABDUL

Address

Flat / Room / Door / Block No.: ROOM NO-14-B GALLI NO 16

Name of Premises / Building / Village: NEAR BABE REHMAT MASJID

Road / Street / Lane/Post Office: MOHD RAFIQ NAGAR GOVANDI

Area / Locality / Taluka/ Sub- Division: SHIVAJI NAGAR

Town / City / District: MUMBAI

State / Union Territory: MAHARASHTRA | Pincode: 400043

15 Documents submitted as Proof of Identity (POI), Proof of Address (POA) and Proof of Date of Birth (POB)

I/We have enclosed AADHAAR CARD ISSUED as proof of identity, AADHAAR CARD ISSUED as proof of address and AADHAAR CARD ISSUED 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 FAREEN ABU SALAM SHAIKH, 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 : MUMBAI

Date (D D M M Y Y Y Y) : 15072025

ABU SALAM

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

सत्यमेव जयते
भारत सरकार

आधार

भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

Enrolment No.: 2821/27013/01568

Download Date: 02/10/2021

To
Fareen Abu Salam Shaikh
C/O: Abu Salam Shaikh
B-16
PART NO-2
MOHD RAFIQ NAGAR GOVANDI
NEAR BABE REHMAT MASJID
Mumbai
Shivaji Nagar
Mumbai Suburban Maharashtra - 400043
7400378315

Issue Date: 06/07/2021

Signature Not Verified
Digitally signed by UNIQUE IDENTIFICATION AUTHORITY OF INDIA
Date: 2021.10.06 19:41:01 IST

आपका आधार क्रमांक / Your Aadhaar No. :

9942 6703 6983

VID : 9165 9375 2244 5704

मेरा आधार, मेरी पहचान

भारत सरकार
Government of India

आधार

Download Date: 02/10/2021



Fareen Abu Salam Shaikh
Date of Birth/DOB: 01/05/2008
Female/ FEMALE

Issue Date: 06/07/2021

9942 6703 6983

VID : 9165 9375 2244 5704

मेरा आधार, मेरी पहचान

ABU SALAM

सत्यमेव जयते
भारत सरकार

आधार

भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

Enrollment No. : 2821/27013/01561

To
Abu Salam Abdul Shaikh

C/O: Abdul Shaikh,
ROOM NO-14-B,
GALLI NO-16 PART NO-2,
NEAR BABE REHMAT MASJID,
RAFIQ NAGAR GOVANDI,
VTC: Mumbai, PO: Shivaji Nagar,
Sub District: Kurla, District: Mumbai Suburban,
State: Maharashtra, PIN Code: 400043.
Mobile: 7400378315

55864376

KF558643767FI

आपका आधार क्रमांक / Your Aadhaar No. :

8750 0444 2870

मेरा आधार, मेरी पहचान

सत्यमेव जयते
भारत सरकार
Government of India

आधार



Issue Date: 28/07/2011

Abu Salam Abdul Shaikh
DOB: 03/04/1980
Male

8750 0444 2870

मेरा आधार, मेरी पहचान

ABU SALAM