

# 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. |
|---|---|---|---|
| MUM | W | 87 | 3 |

4R24101

4R24101

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: FARZANA

Middle Name: VIR MOHD

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

FARZANA VIR MOHD 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 ☐ 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 |
|---|---|---|
| 24 | 05 | 2001 |

**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: SHAIKH

First Name: VIR

Middle Name: MOHD

**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.: BABA NAGAR RAFIQ NAGAR

Name of Premises / Building / Village: PART NO-2

Road / Street / Lane/Post Office: SHIVAJI NAGAR

Area / Locality / Taluka/ Sub- Division: GOVANDI

Town / City / District: MUMBAI

State / Union Territory: MAHARASHTRA

Pincode / Zip code: 400043

Country Name: 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: 9167179903

Email ID: RK98208994840GMAIL.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 Aadhaar number or the Enrolment ID of Aadhaar application form as per section 139 AA**

Please mention your AADHAAR number (if allotted): 617141519867

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: FARZANA VIR MOHD 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

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 AADHAAR CARD ISSUED as proof of identity, AADHAR 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 FARZANA VIR MOHDSHAIKH, 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 — 27/11/2025

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

Note: As per provisions of Section 272B of the Income Tax Act., 1961, a penalty of ₹ 10,000 can be levied on possession of more than one PAN.

भारत सरकार

आधार

भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

Enrolment No.: 2821/27090/01151

To
Farzana Vir Mohd Shaikh
D/O: Vir Mohd Shaikh,
Baba Nagar Rafiq Nagar part No-2,
Govandi,
VTC: Mumbai,
PO: Shivaji Nagar,
Sub District: Mumbai,
District: Mumbai,
State: Maharashtra,
PIN Code: 400043,
Mobile: 9167179903

Signature valid
Digitally signed by Unique Identification Authority of India
05
Date: 2020.12 17:54:12
IST

आपका आधार क्रमांक / Your Aadhaar No. :

6171 4151 9867

VID : 9133 9899 3236 7958

मेरा आधार, मेरी पहचान

भारत सरकार
Government of India

आधार



Farzana Vir Mohd Shaikh
Date of Birth/DOB: 24/05/2001
Female/ FEMALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं ।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/ ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए ।
**Aadhaar is proof of identity, not of citizenship or date of birth.** It should be used with verification (online authentication, or scanning of QR code / offline XML).

Aadhaar no. issued: 28/04/2013

6171 4151 9867

मेरा आधार, मेरी पहचान

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