

Sign / Left Thumb impression across this photo

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.
S H L	W	1	9 4

Gita Rabidas

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: RABIDAS

First Name: GITA

Middle Name:

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

GITA RABIDAS

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: 03 Month: 10 Year: 2006

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: RABIDAS

First Name: DHANIRAM

Middle Name:

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.: 20

Name of Premises / Building / Village: BENGENA KHOWA GRANT

Road / Street / Lane/Post Office: BENGENA KHOWA

Area / Locality / Taluka/ Sub- Division: GOLAGHAT

Town / City / District: GOLAGHAT

State / Union Territory: ASSAM Pincode / Zip code: 785702 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: 6001973544

Email ID: MARIDULV55@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 Aadhaar number or the Enrolment ID of Aadhaar application form as per section 139 AA

Please mention your AADHAAR number (if allotted) 648891103461

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

NOT APPLICABLE W.E.F. 01102024

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

GITA RABIDAS

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 AADHAR CARD as proof of identity, AADHAR CARD as proof of address and AADHAR 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 AADHAR CARD, 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 : GITA RABIDAS

Date : 06062025

Gita Rabidas

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
Government of India
आधार
Download Date: 21/10/2021
Gita Rabidas
Date of Birth/DOB: 03/10/2006
Female/ FEMALE
Issue Date: 08/10/2021
6488 9110 3461
VID : 9140 8589 9607 6121
मेरा आधार, मेरी पहचान


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India
AADHAAR
Address:
C/O: Dhaniram Rabidas, Bengenakhowa
Grant, Golaghat,
Assam - 785702
6488 9110 3461
VID : 9140 8589 9607 6121
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