

Sarbaraz

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.
M U M	W	8 7	3

Sarbaraz

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: RAIN

First Name: GULAM

Middle Name: SARFARAZ TAMIJUL

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

GULAM SARFARAZ TAMIJUL RAIN

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
2 8	0 7	2 0 0 7

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: RAIN

First Name: TAMIJUL

Middle Name:

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.: ROOM NO 6, RAFI NAGAR

Name of Premises / Building / Village: GALLI NO 2, NEAR SAIBABA

Road / Street / Lane/Post Office: TEMPLE, GOVANDI

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

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: 9324492197

Email ID: RK9820899484@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 Aadhar number or the Enrolment ID of Aadhar application form as per section 139 AA

Please mention your AADHAAR number (if allotted): 894088584707

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: GULAM SARFARAZ TAMIJUL RAIN

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, 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 GULAM SARFARAZ TAMIJUL RAIN, 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) : 18022026

Sarfaraz

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

भारत सरकार

आधार

भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 0014/03505/00710

To
गुलाम सरफ़राज़ तमीजुल रेन
Gulam Sarfaraz Tamijul Rain
S/O: Tamijul Rain,
Room No 6, Rafi Nagar,
Galli No 2,,
Near Saibaba Temple,
Govandi,
VTC: Mumbai,
PO: Shivaji Nagar,
Sub District: Mumbai,
District: Mumbai,
State: Maharashtra,
PIN Code: 400043,
Mobile: 9324492197

Signature Valid
Digitally signed by the Unique Identification Authority of India
05
Date: 2026/01/09 12:08:16 IST

आपका आधार क्रमांक / Your Aadhaar No. :

8940 8858 4707

VID : 9187 2349 8867 9222

मेरा आधार, मेरी पहचान

Government of India

AADHAAR

सूचना / INFORMATION

- आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं। जन्मतिथि आधार नंबर धारक द्वारा प्रस्तुत सूचना और विनियमों में विनिर्दिष्ट जन्मतिथि के प्रमाण के दस्तावेज पर आधारित है।
- इस आधार पत्र को यूआईडीएआई द्वारा नियुक्त प्रमाणीकरण एजेंसी के जरिए ऑनलाइन प्रमाणीकरण के द्वारा सत्यापित किया जाना चाहिए या ऐप स्टोर में उपलब्ध एमआधार या आधार क्यूआर कोड स्कैनर ऐप से क्यूआर कोड को स्कैन करके या www.uidai.gov.in. पर उपलब्ध सुरक्षित क्यूआर कोड रीडर का उपयोग करके सत्यापित किया जाना चाहिए ।
- आधार विशिष्ट और सुरक्षित है ।
- पहचान और पते के समर्थन में दस्तावेजों को आधार के लिए नामांकन की तारीख से प्रत्येक 10 वर्ष में कम से कम एक बार आधार में अपडेट कराना चाहिए ।
- आधार विभिन्न सरकारी और गैर-सरकारी फायदों/सेवाओं का लाभ लेने में सहायता करता है ।
- आधार में अपना मोबाइल नंबर और ईमेल आईडी अपडेट रखें ।
- आधार सेवाओं का लाभ लेने के लिए एमआधार ऐप डाउनलोड करें ।
- आधार/बॉयोमेट्रिक्स का उपयोग न करने के समय सुरक्षा सुनिश्चित करने के लिए आधार/बॉयोमेट्रिक्स लॉक/अनलॉक सुविधा का उपयोग करें।
- आधार की मांग करने वाले सहमति लेने के लिए बाध्य हैं।
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on www.uidai.gov.in.
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent.

भारत सरकार
Government of India

आधार

Aadhaar no. Issued: 29/01/2017



गुलाम सरफ़राज़ तमीजुल रेन
Gulam Sarfaraz Tamijul Rain
जन्म तिथि/DOB: 28/07/2007
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं ।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/ ऑफ़लाइन 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).

8940 8858 4707

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

AADHAAR

Details as on: 09/01/2026

पता:
आत्मज: तमीजुल रेन, रूम न 6, रफ़ी नगर, गॅली न 2,, सैईबबा मंदिर के पास, गोवंडी, मुंबई, शिवाजी नगर, मुंबई, महाराष्ट्र - 400043

Address:
S/O: Tamijul Rain, Room No 6, Rafi Nagar, Galli No 2,, Near Saibaba Temple, Govandi, Mumbai, PO: Shivaji Nagar, DIST: Mumbai, Maharashtra - 400043

8940 8858 4707

VID : 9187 2349 8867 9222

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