

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.	
P	T	N	W		S	7		9	2

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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: YADAV
First Name: HARIBHAJAN
Middle Name:

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

HARIBHAJAN YADAV

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
12	08	2004

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: YADAV
First Name: LAL
Middle Name: BIHARI

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.: S/O - LAL BIHARI YADAV
Name of Premises / Building / Village: GIDDI C
Road / Street / Lane/Post Office: GIDDI C
Area / Locality / Taluka/ Sub- Division: DARI
Town / City / District: RAMGARH

State / Union Territory: JHARKHAND
Pincode / Zip code: 829109
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: 9263559207

Email ID: GAUTAMUNIVERS22@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): 707961461221

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: HARIBHAJAN YADAV

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: SINGH
First Name: LALBIHARI
Middle Name:

Address

Flat / Room / Door / Block No.: S/O-SOHAWAN SINGH
Name of Premises / Building / Village: ESADHI
Road / Street / Lane/Post Office: BABHNIYAWAN
Area / Locality / Taluka/ Sub- Division: BABHNIYAWAN
Town / City / District: BHOJPUR
State / Union Territory: BIHAR

Pincode: 802158

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]

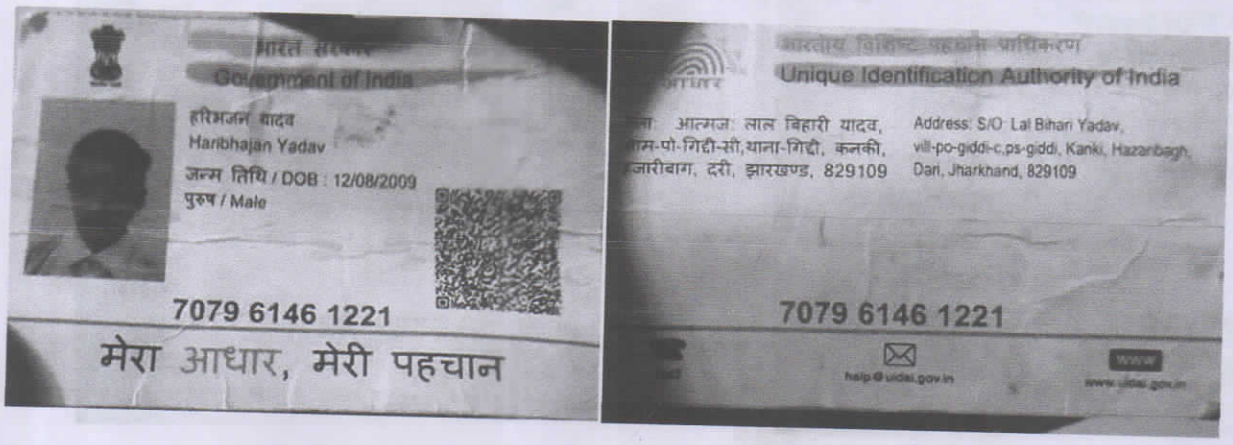
16 I/We HARIBHAJAN YADAV, the applicant, in the capacity of HIMSELF/HERSELF do hereby declare that what is stated above is true to the best of my/our information and belief.

Place : RAMGARH

Date : DD MM YYYY: 11 11 2025

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


Government of India
हरिभजन यादव
Haribhajan Yadav
जन्म तिथि / DOB : 12/08/2009
पुरुष / Male
7079 6146 1221
मेरा आधार, मेरी पहचान
Unique Identification Authority of India
आत्मज: लाल बिहारी यादव,
ग्राम-पो-गिद्दी-सी,थाना-गिद्दी, कनकी,
हजारीबाग, दरी, झारखण्ड, 829109
Address: S/O: Lal Bihari Yadav,
vill-po-giddi-c,ps-giddi, Kanki, Hazaribagh,
Dari, Jharkhand, 829109
7079 6146 1221
help@uidai.gov.in
www.uidai.gov.in

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भारत सरकार
Government of India
लालबिहारी सिंह
Lalbihari Singh
जन्म तिथि / DOB : 01/01/1955
पुरुष / Male
7829 5782 4216
मेरा आधार, मेरी पहचान


Unique Identification Authority of India
पता:
आत्मज: सोहवन सिंह, ईसादी,
बभ्नियावान, भोजपुर, बभानिओ,
बिहार, 802158
Address:
S/O: Sohawan Singh, esadhi,
Babhniyawan, Bhojpur,
Babhaniaon, Bihar, 802158
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