For Pan Purpose Only



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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.
PUNE	W	52	91

किशोर

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: MALI
First Name: KISHOR
Middle Name: KASHINATH

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

KISHOR KASHINATH MALI

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: 01 Month: 06 Year: 1979

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: MALI
First Name: KASHINATH
Middle Name: MARUTI

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.: GAVTHAN
Name of Premises / Building / Village: KHADAMBE KHURD
Road / Street / Lane/Post Office: KHADAMBE
Area / Locality / Taluka/ Sub- Division: RAHURI
Town / City / District: AHMEDNAGAR
State / Union Territory: MAHARASHTRA
Pincode / Zip code: 413704
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 | Area/STD Code | Telephone / Mobile number: 9960790290

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

Please mention your AADHAAR number (if allotted): 826830024997

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:
KISHOR
KASHINATH
MALI

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 Adhar card as proof of identity, Adhar Card as proof of address and Adhar 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 Kishor Kashinath Mali, the applicant, in the capacity of Himself do hereby declare that what is stated above is true to the best of my/our information and belief.

Place : Khadambeck

Date (D D M M Y Y Y Y): 16 07 2015

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

भारत सरकार
Government of India



किशोर काशिनाथ माळी
Kishor Kashinath Mali
जन्म तारीख / DOB : 01/06/1979
पुरुष / Male

8268 3002 4997

आधार - सामान्य माणसाचा अधिकार

भारतीय विशिष्ट ओळख प्राधिकरण
Unique Identification Authority of India

पत्ता: गावठाण, खडांबे खुर्द, खादंबा, अहमदनगर, महाराष्ट्र, 413704

Address: Gavthan, Khadambe Khurd, Khadamba, Ahmadnagar, Maharashtra, 413704

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