

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

Manoj Marandi

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: MARANDI

First Name: MANOJ

Middle Name:

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

MANOJ MARANDI

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: 01 Month: 01 Year: 2007

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: MARANDI

First Name: SOMARA

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.: S/O-SOMARA MARANDI

Name of Premises / Building / Village: KURA GALOBAR

Road / Street / Lane/Post Office: CHAINPUR

Area / Locality / Taluka/ Sub- Division: DARI

Town / City / District: RAMGARH

State / Union Territory: JHARKHAND

Pincode / Zip code: 825330

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: 6204394523

Email ID: GAUTAMMUNDA@ZOHOMAIL.IN

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) 245139523085

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

MANOJ MARANDI

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 MANOJ MARANDI, 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 : D D M M Y Y Y Y — 21 02 2026

Manoj Marandi

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

भारत सरकार
Government of India

आधार



मनोज मरांडी
Manoj Marandi
जन्म तिथि/DOB: 01/01/2007
पुरुष/ MALE

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).

2451 3952 3085

मेरा आधार, मेरी पहचान

Aadhaar no. Issued: 18/09/2013

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

AADHAAR

पता:
S/O: सोमरा मरांडी, कुरा गलोबर, थाना,गिद्दी ए ,प्रखंड डाडी, खापिया, चैनपुर, हजारीबाग, झारखण्ड - 825330

Address:
S/O: Somara Marandi, kura galobar, p.s,Giddi a ,Prakhand dari, Khapia, PO: Chainpur, DIST: Hazaribagh, Jharkhand - 825330

Details as on: 21/02/2026

2451 3952 3085

VID : 9165 7882 8720 6265

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Manoj Marandi