

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



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Assessing officer (AO code)

Area code	AO type	Range code	AO No.
M U M	W	8 7	3

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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: ALIM

First Name: MD.

Middle Name:

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

MD. ALIM

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: 12 Month: 02 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: SHAIKH

First Name: MD.

Middle Name: KARIM

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.: MOHD. RAFIK NAGAR PART

Name of Premises / Building / Village: NO. 1, SHIVAJI NAGAR

Road / Street / Lane/Post Office: NEAR KAZI MASJID

Area / Locality / Taluka/ Sub- Division: GOVANDI

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: 8208720245

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

Please mention your AADHAAR number (if allotted) 227594572074

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

MD. ALIM

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]

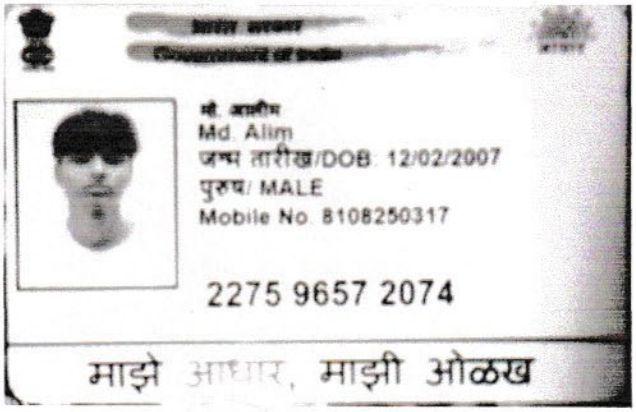
16 I/We MD. ALIM, the applicant, in the capacity of HIMSELF/HERSELF do hereby declare that what is stated above is true to the best of my/our information and belief.

Place : MUMBAI

Date (D D M M Y Y Y Y) : 23102025

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


मो. आलीम
Md. Alim
जन्म तारीख/DOB: 12/02/2007
पुरुष/ MALE
Mobile No. 8108250317
2275 9657 2074
माझे आधार, माझी ओळख


भारतीय विशिष्ट ओळख प्राधिकरण
Unique Identification Authority of India
AADHAAR
पत्ता:
S/O: मो. करीम शेख, मो. रफीक नगर पार्ट न. 1, शिवाजी नगर, काझी मस्जिद के पास, गोवंडी, मुंबई, शिवाजी नगर, मुंबई, महाराष्ट्र - 400043
Address
S/O: Md. Karim Shaikh, mohd. rafik nagar part no. 1, shivaji nagar, near kazi masjid, govandi, Mumbai, PO: Shivaji Nagar, Mumbai, DIST: Mumbai, Maharashtra, 400043
2275 9657 2074
1947
help@uidai.gov.in
www.uidai.gov.in

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