

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	

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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	SHAIKH
First Name	MOHD FAISAL
Middle Name	MOHD SALIM

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

MOHD FAISAL MOHD SALIM SHAIKH

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
22	06	2008

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	MOHD
Middle Name	SALIM

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.	MOHAMMAD RAFI NAGAR
Name of Premises / Building / Village	ZOPADPATTI NEXT TO BABE
Road / Street / Lane/Post Office	RAHMAT MASJID, GOVANDI
Area / Locality / Taluka/ Sub- Division	SHIVAJI NAGAR
Town / City / District	MUMBAI

State / Union Territory	Pincode / Zip code	Country Name
MAHARASHTRA	400043	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: 8652691744

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) 3586394968722

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

MOHD FAISAL MOHD SALIM SH
AIKH

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: SHAIKH

First Name: HASEENAKHATUN

Middle Name: MOHAMMADSALIM

Address

Flat / Room / Door / Block No.: RAFIK NAGAR

Name of Premises / Building / Village: NEAR BABE REHMAT MASJID

Road / Street / Lane/Post Office: SHIVAJI NAGAR

Area / Locality / Taluka/ Sub- Division: GOVANDI

Town / City / District: MUMBAI

State / Union Territory: MAHARASHTRA | Pincode: 400043

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 MOHD FAISAL MOHD SALIM SHAIKH, 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 (DD MM YYYY) : 12 07 2025

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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

Enrollment No. : 2821/27147/07866

To
Mohd Faisal Mohd Salim Shaikh

S/O: Mohd Salim Shaikh,
Mohammad Rafi Nagar Zopadpatti,
Next To Babe Rahmat Masjid,
Govandi,
VTC: Mumbai, PO: Shivaji Nagar,
Sub District: Mumbai, District: Mumbai,
State: Maharashtra, PIN Code: 400043,
Mobile: 8652691744

13572295

KG135722956FI

आपका आधार क्रमांक / Your Aadhaar No. :

3586 3996 8722

मेरा आधार, मेरी पहचान

भारत सरकार
Government of India

आधार



Issue Date: 11/09/2015

Mohd Faisal Mohd Salim Shaikh
DOB: 22/06/2008
Male

3586 3996 8722

मेरा आधार, मेरी पहचान

सत्यमेव जयते
भारत सरकार

आधार

भारतीय विशिष्ट ओळख प्राधिकरण

भारत सरकार

Unique Identification Authority of India

Government of India

नोंदविण्याचा क्रमांक / Enrollment No.: 2006/60035/93902

To
हसीनाखातून मोहम्मदसलिम शेख
Haseenakhatun Mohammadsalim Shaikh
C/O Mohammadsalim Shaikh
Rafik Nagar .
Near Babe Rehmat Masjid Shivaji Nagar Govandi
Mumbai
Shivaji Nagar
Kurla Mumbai Suburban
Maharashtra 400043
8976983489

06/08/2016

153218595

ME532185959FH

आपला आधार क्रमांक / Your Aadhaar No. :

2295 2785 5809

माझे आधार, माझी ओळख

भारत सरकार
Government of India



हसीनाखातून मोहम्मदसलिम शेख
Haseenakhatun Mohammadsalim Shaikh
जन्म तारीख / DOB : 01/07/1969
स्त्री / Female

2295 2785 5809

माझे आधार, माझी ओळख

حسینہ خاتون