

# 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 | |

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: MURSHID ALAM

Middle Name: SHAUKAT ALI

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

MURSHID ALAM SHAUKAT ALI 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: 19 Month: 12 Year: 2006

**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: SHOUKAT

Middle Name: ALI

**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.: NEAR BABE RAHMAT MASJID

Name of Premises / Building / Village: ROOM NO-57

Road / Street / Lane/Post Office: MO. RAFIK NAGAR PART NO-2

Area / Locality / Taluka/ Sub- Division: SHIVAJI NAGAR, 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: 9594192305

Email ID: RK9820894484@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) 294945856756 1

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

MURSHID ALAM SHAUKAT ALI SHAIKH

**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 MURSHID ALAM SHAUKAT ALI 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 : D D M M Y Y Y Y — 0 4 0 6 2 0 2 5

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

सत्यमेव जयते
भारत सरकार

आधार

भारत सरकार
Government of India

भारतीय विशिष्ट ओळख प्राधिकरण
Unique Identification Authority of India

नोंदविण्याचा क्रमांक / Enrollment No. : 2821/37026/02662

To
**Murshid Alam Shaukat Ali Shaikh**
मुर्शीद आलम शौकत अली शेख
S/O Shoukat Ali Shaikh,
near babe rahmat masjid,
room no-57, mo.rafik nagar part no-2, shivaji nagar,
VTC: Govandi,
District: Mumbai,
State: Maharashtra, PIN Code: 400043,
Mobile: 8693816990

85190394

KF851903942FI

आपला आधार क्रमांक / Your Aadhaar No. :

**2994 5856 7561**

माझे आधार, माझी ओळख

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भारत सरकार
Government of India

आधार



Issue Date: 30/09/2011

मुर्शीद आलम शौकत अली शेख
**Murshid Alam Shaukat Ali Shaikh**
जन्म तारीख / DOB: 19/12/2006
पुरुष / Male

**2994 5856 7561**

माझे आधार, माझी ओळख