

# 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 |

Rahul Karmali

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: KARMALI
First Name: RAHUL
Middle Name:

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

RAHUL KARMALI

**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: 15 Month: 04 Year: 2004

**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: KARMALI
First Name: RAMDHAYAN
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 - RAMDHAYAN KARMALI
Name of Premises / Building / Village: HOSIR
Road / Street / Lane/Post Office: DARI
Area / Locality / Taluka/ Sub- Division: DARI
Town / City / District: RAMGARH
State / Union Territory: JHARKHAND
Pincode / Zip code: 829104
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: 9905689898

Email ID: GAUTAMMUNDA@ZOHOMAIL.IN

**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): 240805741211

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: RAHUL KARMALI

**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 RAHUL KARMALI, 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) : 25032026

Rahul Karmali

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

नामांकन क्रम / Enrollment No. : 0815/54091/02878

To
**Rahul Karmali**
राहुल करमाली
D/O: Ramdhayan Karmali,
Vill-Hosir Post-Dari,
VTC: Kanki, PO: Dari,
Sub District: Churchu, District: Hazaribagh,
State: Jharkhand, PIN Code: 829109,
Mobile: 9905689898

41679687

KC416796870FL

आपका आधार क्रमांक / Your Aadhaar No. :

**2408 5057 4121**

मेरा आधार, मेरी पहचान

भारत सरकार
Government of India

आधार



Issue Date: 29/04/2013

राहुल करमाली
**Rahul Karmali**
जन्म तिथि / DOB: 15/04/2004
पुरुष / Male

**2408 5057 4121**

मेरा आधार, मेरी पहचान

Rahul Karmali