

Sign / Left Thumb impression across this photo

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	N	E	C		2	7		1	

Sir,

I/We hereby request that a permanent account number be allotted to me/us.
I/We give below necessary particulars:

Signature / Left Thumb Impression

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	RUBINABI SHAIKH
Middle Name	SALIM

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

RUBINABI SHAIKH 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
14	10	1983

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	MUSA
Middle Name	ISA

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.	301
Name of Premises / Building / Village	JEHUR
Road / Street / Lane/Post Office	JEHUR
Area / Locality / Taluka/ Sub- Division	KANNAD
Town / City / District	AURANGABAD

State / Union Territory	Pincode / Zip code	Country Name
MAHARASHTRA	431103	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: MAHARASHTRA

Pincode / Zip code:

Country Name: INDIA

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: 7709266778

Email ID: MOHAMMADKHSI20@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): 548242373879

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: RUBINABI SHAIKH SALIM 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 RUBINABI SHAIKH 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 : AURANGABAD

Date (D D M M Y Y Y Y): 30 07 2025

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


भारत सरकार
Government of India
शेख रुबीनाबी शेख सलीम
Shaikh Rubinabi Shaikh Salim
पती : शेख सलीम शेख ईसाक
Husband : SHIKH SALIM SHAIKH ISAK
जन्म तारीख / DOB : 14/10/1983
स्त्री / Female
5482 9237 3879
आधार - सामान्य माणसाचा अधिकार


आधार
भारतीय विशिष्ट ओळख प्राधिकरण
Unique Identification Authority of India
पत्ता W/O शेख सलीम, जेहर, जेहर, औरंगाबाद, महाराष्ट्र, 431103
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