

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

Sir,

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

Sagar Kumar Ganjhu

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	GANJHU
First Name	SAGAR
Middle Name	KUMAR

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

SAGAR KUMAR GANJHU

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
25	12	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	GANJHU
First Name	NAGESHWAR
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 - NAGESHWAR GANJHU
Name of Premises / Building / Village	RELIGARHA PACCHARI
Road / Street / Lane/Post Office	RELIGARHA
Area / Locality / Taluka/ Sub- Division	DARI
Town / City / District	RAMGARH

State / Union Territory	Pincode / Zip code	Country Name
JHARKHAND	829129	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: 6204852331

Email ID: GAUTAMMUNDA@ZOHOMAIL.IN

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): 701006329114

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: SAGAR KUMAR GANJHU

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 SAGAR KUMAR GANJHU, 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) : 19032026

Sagar Kumar Ganjhu

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

भारत सरकार
Government of India

आधार



Aadhaar no. Issued: 08/08/2013

सागर कुमार गंझू
Sagar Kumar Ganjhu
जन्म तिथि/DOB: 25/12/2007
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/ ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।
Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

7010 0632 9114

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

AADHAAR

Details as on: 19/03/2026

पता:
S/O: नागेश्वेर गंझू, रेलीगाथा पछाडी बस्ती, मिश्राइनमोरहा, रेलिगाहाँ, हजारीबाग, झारखण्ड - 829129

Address:
S/O: Nageshwer Ganjhu, religarha pachaadi basti, Misrainmorha, PO: Religarha, DIST: Hazaribagh, Jharkhand - 829129

7010 0632 9114
VID : 9166 2066 5137 7661

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Sagar Kumar Ganjhu