

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.	
D	L	C	W	X	1	6	8		3

Sunil Raja

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: RAJAA

First Name: SAHIL

Middle Name:

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

SAHIL RAJAA

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 ☐ Transgender (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
09	11	2006

6 **Details of Parents (applicable only for individual applicants)**

Whether mother is a single parent and you wish to apply for PAN by furnishing the name of your mother only?

☐ Yes ☑ No (please tick as applicable)

If yes, please fill in mother's name in the appropriate space provide below.

Father's Name (Mandatory except where mother is a single parent and PAN is applied by furnishing the name of mother only)

Last Name / Surname: ANSARI

First Name: SAHEED

Middle Name:

Mother's Name (optional except where mother is a single parent and PAN is applied by furnishing the name of mother only)

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*)

☑ Father's name ☐ Mother's name *(Please tick as applicable)*

(In case no option is provided then PAN card will be issued with father's name except where mother is a single parent and you wish to apply for PAN by furnishing name of the mother only)'.

7 **Address**

Residence Address

Flat / Room / Door / Block No.: S/O-SAHEED ANSARI

Name of Premises / Building / Village: PACHHARI

Road / Street / Lane/Post Office: RELIHARHA

Area / Locality / Taluka/ Sub- Division: DARI

Town / City / District: HAZARIBAGH

State / Union Territory: JHARKHAND

Pincode / Zip code: 829129

Country Name: INDIA

भारत सरकार
Government of India



साहिल रजा
Sahil Rajaa
जन्म तिथि/DOB: 09/11/2006
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 (onlin authentication, or scanning of QR code / offline XML).

Aadhaar no. Issued: 20/04/2013

2175 1112 5123

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
S/O: सईद अंसारी, रेलीगढा पछाडी, मिश्राइनमोरहा, रेलिगार्ह, हजारीबाग, झारखण्ड - 829129

Address:
S/O: Saheed Ansari, religarha pachadi, Misrainmorha, PO: Religarha, DIST: Hazaribagh, Jharkhand - 829129

Details as on: 29/01/2024

2175 1112 5123

VID : 9189 2109 7666 2393

1947 | help@uidai.gov.in | www.uidai.gov.in

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: 7766949608

Email ID: Sahilraja1331@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 Aadhaar number or the Enrolment ID of Aadhaar application form as per section 139 AA**

Please mention your AADHAAR number (if allotted) 217511125123

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: SAHIL RAJAA

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 AADHAR CARD as proof of identity, AADHAR CARD as proof of address and AADHAR CARD 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 SAHIL RAJAA, the applicant, in the capacity of SELF do hereby declare that what is stated above is true to the best of my/our information and belief.

Place : PACHMARI

Date : D D M M Y Y Y Y

Sahil Raja

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

Note: As per provisions of Section 272B of the Income Tax Act., 1961, a penalty of ₹ 10,000 can be levied on possession of more than one PAN.