

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

Shaista

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: SHAISTA ANJUM
Middle Name: MOHD ASGAR ALI

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

SHAISTA ANJUM MOHD ASGAR 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	Month	Year
01	01	1998

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: UDDIN
First Name: MD
Middle Name: JALAL

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.: MOHD RAFI NAGAR PART NO 2
Name of Premises / Building / Village: DUMPING GROUND
Road / Street / Lane/Post Office: GOVANDI, SHIVAJI NAGAR
Area / Locality / Taluka/ Sub- Division: NEW DUMPING GROUND
Town / City / District: MUMBAI

State / Union Territory	Pincode / Zip code	Country Name
MAHARASHTRA	400043	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: 7738265186

Email ID: RK9820899484@GMAIL.COM

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): 624711687699

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:

SHAISTA ANJUM MOHD ASGAR 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 SHAISTA ANJUM MOHD ASGAR 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) : 26 08 2025

Shaista

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

भारत सरकार
Government of India

आधार

भारत सरकार
Government of India

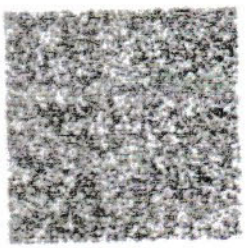
भारतीय विशिष्ट ओळख प्राधिकरण
Unique Identification Authority of India

नोंदणी क्रमांक:/ Enrolment No.: 2821/27085/00637

To
शाईस्ता अंजुम मो असगर अली शेख
Shaista Anjum Mohd Asgar Ali Shaikh
C/O: Mohd Asgar Ali Shaikh
mohd rafi nagar part no.2
dumping ground
govandi
near dumping ground
Mumbai
Shivaji Nagar
Mumbai Suburban Maharashtra - 400043
9699020066

Download Date: 27/03/2021

Issue Date: 02/03/2021



आपला आधार क्रमांक / Your Aadhaar No. :

6247 1168 7699

VID : 9172 5632 1852 8195

माझे आधार, माझी ओळख



भारत सरकार
Government of India

शाईस्ता अंजुम मो असगर अली शेख
Shaista Anjum Mohd Asgar Ali Shaikh
जन्म तारीख/DOB: 01/01/1998
महिला/ FEMALE

Download Date: 27/03/2021

Issue Date: 02/03/2021

6247 1168 7699

VID : 9172 5632 1852 8195

माझे आधार, माझी ओळख

Shaista