

Shobha Kumari

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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.
DLC	WX	168	3

Shobha Kumari

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: KUMARI

First Name: SHOBHA

Middle Name:

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

SHOBHA KUMARI

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: 25 Month: 12 Year: 2001

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: GANJHU

First Name: SHANICHRWA

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.: SHANICHRWA GANJHU

Name of Premises / Building / Village: PACHHADI

Road / Street / Lane/Post Office: RELIGARH

Area / Locality / Taluka/ Sub- Division: DARI

Town / City / District: HAZARIBAGH

State / Union Territory: JHARKHAND Pincode / Zip code: 829129 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: 6207235879

Email ID: MANOJBEDIYA333@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 Aadhaar number or the Enrolment ID of Aadhaar application form as per section 139 AA

Please mention your AADHAAR number (if allotted): 463298912535

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: SHOBHA KUMARI

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 ADHAR CARD as proof of identity, ADHAR CARD as proof of address and ADHAR 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 SHOBHA KUMARI, 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 : PACHHADI

Date : D D M M Y Y Y Y

Shobha Kumari

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

भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 0012/14501/13230

To
शोभा कुमारी
Shobha Kumari
D/O: Shanichrwa Ganjhu,
Vill-Pachhadi Post-Relaegaha,
VTC: Misrainmorha,
PO: Religarha,
Sub District: Churchu,
District: Hazaribagh,
State: Jharkhand,
PIN Code: 829129,
Mobile: 6207235879

Signature Not Verified
Digitally signed by UIDAI Unique Identification Authority of India
Date: 2020.04.16 16:04:29 IST

आपका आधार क्रमांक / Your Aadhaar No. :
4632 9891 2535
VID : 9187 5663 0773 0526

मेरा आधार, मेरी पहचान

भारत सरकार
Government of India

Aadhaar no. issued: 28/02/2013

शोभा कुमारी
Shobha Kumari
जन्म तिथि/DOB: 25/12/2001
महिला/ FEMALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं ।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/ ऑफ़लाइन 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).

4632 9891 2535

मेरा आधार, मेरी पहचान

Shobha Kumari