

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

सोनिया कुमारी

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: SONIA
Middle Name:

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

SONIA 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 **(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
06	07	2001

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: MANJHI
First Name: SOMRA
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.: W/O - RAJUN SOREN
Name of Premises / Building / Village: KURA KATHERA
Road / Street / Lane/Post Office: CHAINPUR
Area / Locality / Taluka/ Sub- Division: DARI
Town / City / District: RAMGARH
State / Union Territory: JHARKHAND
Pincode / Zip code: 825330
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: 8084796985

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) 394946903577

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: SONIA 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 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 SONIA KUMARI, 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 — 0 3 1 2 2 0 2 5

सोनिया कुमारी

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

सत्यमेव जयते
भारत सरकार

आधार

भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नामांकन क्रम / Enrollment No. : 0815/54091/04288

To
Sonia Kumari
सोनिया कुमारी
C/O Rajun Soren,
Kura,
Kathera,
VTC: Khapia, PO: Chainpur,
Sub District: Churchu, District: Hazaribagh,
State: Jharkhand, PIN Code: 825330,
Mobile: 8084796985

76567821

KC765678210FL

आपका आधार क्रमांक / Your Aadhaar No. :

3999 6903 5777

मेरा आधार, मेरी पहचान

भारत सरकार
Government of India

आधार



सोनिया कुमारी
Sonia Kumari
जन्म तिथि / DOB: 06/07/2001
महिला / Female

Issue Date: 14/07/2013

3999 6903 5777

मेरा आधार, मेरी पहचान

सोनिया कुमारी