

सुखदेव महतो

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.
PTN	W	57	1

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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: MAHTO

First Name: SUKHDEO

Middle Name:

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

SUKHDEO MAHTO

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: 01 Month: 01 Year: 1977

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: MAHTO

First Name: GHUJAN

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.:

Name of Premises / Building / Village: AT-BALSABRA

Road / Street / Lane/Post Office: PO-BALSABRA

Area / Locality / Taluka/ Sub- Division: PS-MANDU

Town / City / District: DIST-HAZARIBAGH

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: 9060325900
Email ID: amitmahto0010@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): 469592632335
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: SUKHDEO MAHTO

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 SUKHDEO MAHTO, the applicant, in the capacity of HIMSELF do hereby declare that what is stated above is true to the best of my/our information and belief.

Place : BALSARA
Date (D D M M Y Y Y Y) : 13062025

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

भारत सरकार

आधार

भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नामांकन क्रम / Enrollment No: 4879/01506/26733306

Download Date: 03/02/2022

To
सुखदेव महतो
Sukhdeo Mahto
S/O: Ghujan Mahto, , Vill-Post-Balsagra,,
Balsogra, Hazaribagh, Jharkhand - 825330

Issue Date: 04/01/2022

Signature Valid
Digitally signed by DS
UNIQUE IDENTIFICATION
AUTHORITY OF INDIA 03
Date: 2021.05.23 03:02:17
IST

आपका आधार क्रमांक / Your Aadhaar No. :

4695 9263 2335

मेरा आधार, मेरी पहचान

भारत सरकार
Government of India

Download Date: 03/02/2022



सुखदेव महतो
Sukhdeo Mahto
जन्म तिथि / DOB : 01/01/1977
पुरुष / MALE

Issue Date: 04/01/2022

4695 9263 2335

मेरा आधार, मेरी पहचान