

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.
	W	2	9 2

Gobinda Narayan Ray

Gobinda narayan Ray

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: RAY
First Name: TARALI
Middle Name:

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

TARALI RAY

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
04	09	2008

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: RAY
First Name: GOBINDA
Middle Name: NARAYAN

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.: 200
Name of Premises / Building / Village: DHORARGHAT
Road / Street / Lane/Post Office: SAHEBGANJ
Area / Locality / Taluka/ Sub- Division: DHORARGHAT
Town / City / District: DHUBRI
State / Union Territory: ASSAM
Pincode / Zip code: 783331
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: 6901989758

Email ID: SIRAJDIGITALSTORE@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): 835801682500

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: TARALI RAY

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: RAY

First Name: GOBINDA

Middle Name: NARAYAN

Address

Flat / Room / Door / Block No.: 200

Name of Premises / Building / Village: DHORARGHAT

Road / Street / Lane/Post Office: SAHEBGANJ

Area / Locality / Taluka/ Sub- Division: DHORARGHAT

Town / City / District: DHUBRI

State / Union Territory: ASSAM | Pincode: 783331

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 TARALI RAY, 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 : DHUBRI

Date : DD MM YYYY: 28 07 2025

Gobinda Narayan Ray

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

भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

Enrollment No.: 2791/78609/01383

To
Tarali Ray
C/O: Gobinda Narayan Ray,
VTC: Dhorarghat Pt.II,
PO: Golakganj,
Sub District: Golokganj, District: Dhubri,
State: Assam,
PIN Code: 783334,
Mobile: 8876301613

91368045

MF913680451FI

आपका आधार क्रमांक / Your Aadhaar No. :

8358 0168 2500

मेरा आधार, मेरी पहचान

भारत सरकार
Government of India



Tarali Ray
DOB : 04/09/2008
Female

Issue Date : 03/08/2021

8358 0168 2500

मेरा आधार, मेरी पहचान