

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 B G W		1 5 6	9 1



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

SEKH

First Name

AMIRAN

Middle Name

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

AMIRAN SEKH

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

Month

Year

24 12 1972

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

MOLLAH

First Name

AJIT

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.

Name of Premises / Building / Village

Road / Street / Lane/Post Office

Area / Locality / Taluka/ Sub- Division

Town / City / District

State / Union Territory

NAKASHI PARA

PETUABHANGA

PETUABHANGA

KRISHNANAGAR

NADIA

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

Area/STD Code

Telephone / Mobile number

Email ID

10 Status of applicantPlease select status, ☒ as applicable☐ Government☐ Association of Persons☐ Limited Liability Partnership☒ Individual☐ Hindu undivided family☐ Company☐ Partnership Firm☐ Trusts☐ Body of Individuals☐ Local Authority☐ Artificial Juridical Persons**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)

876188928032

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

AMIRAN SEKH

13 Source of IncomePlease select, ☒ as applicable☐ Salary☐ Capital Gains☐ Income from Business / Profession

Business/Profession code

[For Code: Refer instructions]

☐ Income from Other sources☐ Income from House property☒ No income**14 Representative Assessee (RA)**

Full name, address of the Representative Assessee, who is assessable 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 Ambreen Sekh, the applicant, in the capacity of Individual do hereby declare that what is stated above is true to the best of my/our information and belief.

Place :

Petuabhangar


 ভারত সরকার
 Government of India


 আমিরান সেখ
 Amiran Sekh
 পতি : আব্বাস সেখ
 Husband : Abbas Sk

জন্মতারিখ / DOB: 24/12/1972
 লিঙ্গ / Female

8761 8892 8032



আধার - সাধারণ মানুষের অধিকার



 ভারতীয় একমুদ্রিত পরিচয় প্রাধিকরণ
 Unique Identification Authority of India


ঠিকানা: পেটুয়াভাঙ্গা
 পেটুয়াভাঙ্গা, পেটুয়াভাঙ্গা, নদিয়া
 পশ্চিমবঙ্গ

Address: PETUABHANGA,
 Petuabhang, Nadia,
 Petuabhang, West Bengal,
 741124

8761 8892 8032

 1947
 1800 300 1947

 help@uidai.gov.in

 www
 www.uidai.gov.in