

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.	

Salema Khatun

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/address documents: initials are not permitted)

Please select title, ☒ as applicable☐ Shri☒ Smt.☐ Kumari☐ M/s

Last Name / Surname

KHATUN

First Name

SALEMA

Middle Name

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

SALEMA KHATUN

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

20

01

1986

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

AHAMMED

First Name

MOSLEUDDIN

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)

7 Address

☒ Father's name☐ Mother's Name

(Please tick as applicable)

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

CO-MOSLEUDDIN AHAMMED

KHIRKURT

BAIRHATTA

HARI RAMPUR

DAKSHIN DINAJPUR

State / Union Territory

Pincode / Zip code

Country Name

WEST BENGAL

733125

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

Area/STD Code

Telephone / Mobile number

+91

7478263290

Email ID

somapatisarkar11096@gmail.com

10 Status of applicant

Please select status, ☒ as applicable☐ Government☒ Individual☐ Hindu undivided family☐ Company☐ Partnership Firm☐ 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/The Enrolment ID of Aadhaar application form as per section 139AA

Please mention your AADHAAR number (if allotted)

7729

5551

7348

If AADHAAR number is not allotted, please mention the enrolment ID of Aadhaar application form

Name as per AADHAAR letter/card or as per the Enrolment ID of Aadhaar application form

SALEMA KHATUN

13 Source of Income

☐ Salary☐ Income from Business / Profession

Business/Profession code

[For Code: Refer instructions]

☐ Income from House propertyPlease select, ☒ as applicable☐ Capital Gains☐ Income from Other sources☒ 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

WEST BENGAL

733125

15 Documents submitted as Proof of Identity (POI), Proof of Address (POA) and Proof of Date of Birth (DOB)

I/We have enclosed AADHAAR CARD as proof of identity,

AADHAAR CARD

as proof of address and AADHAAR 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 SALEMA KHATUN, 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 :





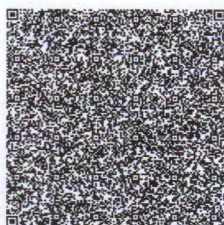





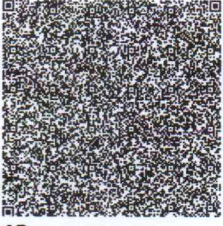
KHIRKURI

Date :

D D M M Y Y Y Y

Salema Khatun

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

  <p>ভারত সরকার Government of India</p> <p>ভারতীয় বিশিষ্ট পরিচয় প্রাধিকরণ Unique Identification Authority of India</p>	  <p>তথ্য / INFORMATION</p>
<p>তালিকাভুক্তির নম্বর/ Enrolment No.: 2992/05019/14500</p> <p>To সালেমা খাতুন Salema Khatun BAIRHATTA Kshirkuri Dakshin Dinajpur West Bengal - 733125 7478263290</p>  <p>আপনার আধার সংখ্যা / Your Aadhaar No. : xxxx xxxx 7348 VID : 9166 5237 3214 1114</p> <p>আমার আধার, আমার পরিচয়</p>	<ul style="list-style-type: none"> ■ আধার পরিচয়ের প্রমাণ, নাগরিকত্বের নয় ■ আধার অনন্য এবং সুরক্ষিত। ■ নিরাপদ কিউআর কোড / অফলাইন এক্সএমএল / অনলাইন প্রমাণীকরণ ব্যবহার করে পরিচয় যাচাই করুন ■ আধারের সমস্ত প্রকার যেমন আধার পত্র, পিভিসি কার্ড, ই-আধার এবং এম-আধার সমানভাবে বৈধ। ১২ অঙ্কের আধার নম্বরের জায়গায় ভার্চুয়াল আধার আইডেন্টিটি (ভিআইডি) ব্যবহার করা যেতে পারে। ■ ১০ বছরে অন্তত একবার আধার আপডেট করুন ■ আধার আপনাকে বিভিন্ন সরকারি এবং বেসরকারি সুবিধা / পরিষেবা প্রাপ্তিতে সাহায্য করে। ■ আধারে আপনার মোবাইল নম্বর এবং ইমেল আইডি আপডেট রাখুন ■ আধার পরিষেবাগুলি প্রাপ্ত করতে স্মার্টফোনে mAadhaar অ্যাপ ডাউনলোড করুন। ■ নিরাপত্তা নিশ্চিত করতে আধার/বায়োমেট্রিক্সের লক/আনলক বৈশিষ্ট্যটির ব্যবহার করুন ■ যে সংস্থাগুলি আধার চাইছে তারা যথাযথ সম্মতি চাইতে বাধ্য ■ Aadhaar is a proof of identity, not of citizenship. ■ Aadhaar is unique and secure. ■ Verify identity using secure QR code/offline XML/online Authentication. ■ All forms of Aadhaar like Aadhaar letter, PVC Cards, eAadhaar and mAadhaar are equally valid. Virtual Aadhaar Identity (VID) can also be used in place of 12 digit Aadhaar number. ■ Update Aadhaar at least once in 10 years. ■ Aadhaar helps you avail various Government and Non- Government benefits/services. ■ Keep your mobile number and email id updated in Aadhaar. ■ Download mAadhaar app on smart phones to avail Aadhaar Services. ■ Use the feature of lock/unlock Aadhaar/biometrics to ensure security. ■ Entities seeking Aadhaar are obligated to seek due consent.
  <p>ভারত সরকার Government of India</p> <p>সালেমা খাতুন Salema Khatun জন্মতারিখ/DOB: 20/01/1986 লিঙ্গ/ FEMALE</p>  <p>xxxx xxxx 7348 VID : 9166 5237 3214 1114</p> <p>আমার আধার, আমার পরিচয়</p>	  <p>ভারতীয় বিশিষ্ট পরিচয় প্রাধিকরণ Unique Identification Authority of India</p> <p>ঠিকানা: বেরহাটা, ফিরকুড়ী, দক্ষিণদিনাজপুর, পশ্চিমবঙ্গ - 733125</p> <p>Address: BAIRHATTA, Kshirkuri, Dakshin Dinajpur, West Bengal - 733125</p>  <p>xxxx xxxx 7348 VID : 9166 5237 3214 1114</p> <p>1947 help@uidai.gov.in www.uidai.gov.in</p>

Salema Khatun