



Application Number: A040089077  
 Payment Reference: 1175171221064792 / PY0050443262  
 Payment Date: 24/06/2021 Rs.107.00/-

Application Source: EWALLET - A - APNA-CSC Application Date: 24/06/2021

User Id: 127326340014 User Name:

PAN CARD MODE : Both physical PAN and e-PAN Card Application Mode : Physical Application



**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 mistakes, please follow the accompanying instructions and examples before filling up the form

Assessing officer (AO code)

Area code			AO type		Range code		AO No.	
B	P	L	W		9	1	1	

*मल्लिका*  
 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: L A L I T A  
 First Name: \_\_\_\_\_  
 Middle Name: \_\_\_\_\_

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

L A L I T A

**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: 0 1 Month: 0 1 Year: 2 0 0 0

**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 provided below.

**Fathers's Name (Mandatory except where mother is a single parent and PAN is applied by furnishing the name of mother only)**

Last Name / Surname: S H R A V A N  
 First Name: \_\_\_\_\_  
 Middle Name: \_\_\_\_\_

**Mothers's Name (optional except where mother is a single parent and PAN is applied by furnishing the name of mother only)**

Last Name / Surname: K E I L A S I B A I  
 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 except where mother is a single parent and you wish to apply for PAN by furnishing name of the mother only)  Father's name  Mother's Name (Please tick as applicable)

**7 Address**

**Residence Address**

Flat / Room / Door / Block No. M . N . 1 8 8  
 Name of Premises / Building / Village B A L A G A N J  
 Road / Street / Lane/Post Office J A M U N I Y A  
 Area / Locality / Taluka/ Sub- Division M A N A S A  
 Town / City / District N E E M U C H

State / Union Territory: M A D H Y A P R A D E S H 4 5 8 1 1 0 Pincode / Zip code Country Name: I N D I A

**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

8 Address for Communication  Residence  Office (Please tick as applicable)

9 Telephone Number & Email ID details  
Country code 9 1 Area/STD Code Telephone / Mobile number 6 2 6 0 5 9 7 1 6 4

Email ID s9575504251@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/The Enrolment ID of Aadhaar application form as per section 139AA  
Please mention your AADHAAR number (if allotted) 7 3 5 4 9 6 5 8 6 7 2 6

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  
L A L I T A

13 Source of Income  
 Salary  Income from House property  No income  Capital Gains  
 Income from Business / Profession Business/Profession code [For Code: Refer instructions]  Income from Other sources

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 (DOB)  
I/We have enclosed AADHAAR Card issued by as proof of identity, AADHAAR Card issued by UIDAI as proof of address and AADHAAR Card issued by UIDAI 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 LALITA, 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 : BALAGANJ

Date : 2 4 0 6 2 0 2 1

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



भारत सरकार  
Government of India

ललिता  
Lalita  
जन्म तिथि/DOB: 01/01/2000  
महिला/ FEMALE

7354 9658 6726  
VID: 9157 3063 4557 4814

मेरा आधार, मेरी पहचान

भारतीय लिपिगत पहचान प्राधिकरण  
Unique Identification Authority of India

पता:  
C/O श्रवण, ग्राम - बालगंज, पोस्ट - जमुनिया, तेह - मनासा,  
बालगंज, नीमच,  
मध्य प्रदेश - 458110

Address:  
C/O Shravan, gram - balaganj, post -  
jamuniya, teh - manasa, Balaganj,  
Neemuch,  
Madhya Pradesh - 458110

QR Code with Photograph

7354 9658 6726  
VID: 9157 3063 4557 4814

10-17 help@uidai.gov.in www.uidai.gov.in

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