



Application Number: A034272202

Payment Reference: 0328152228322664 / PY0042174421

Payment Date: 23/11/2020 Rs.107.00/-

Inward Number Bar Code

Application Source: EWALLET - A - APNA-CSC

Application Date: 23/11/2020

User Id: 227955650011

User Name: ALAKH RAM

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		8 5	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/address documents: initials are not permitted)

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

Last Name / Surname

S A H U

First Name

A N I L

Middle Name

K U M A R

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

A N I L K U M A R S A H U

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 PersonsDay
2 3Month
0 2Year
1 9 9 9

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 A H U

First Name

H E M

Middle Name

L A L

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

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.

4 6

Name of Premises / Building / Village

B H E D I

Road / Street / Lane/Post Office

D O N D I L O H A R A

Area / Locality / Taluka/ Sub- Division

D O N D I L O H A R A

Town / City / District

D U R G

State / Union Territory

Pincode / Zip code

Country Name

C H H A T T I S G A R H

4 9 1 7 7 1

I N D I A

Office Address

Name of office

A B H I L A S H A C O M P U T E R D O N D I

Flat / Room / Door / Block No.

1 2

Name of Premises / Building / Village

D O N D I L O H A R A

Road / Street / Lane/Post Office

D O N D I L O H A R A

Locality / Taluka / Sub- Division
Town / City / District

D O N D I L O H A R A
D U R G

C H H A T T I S G A R H 4 9 1 7 7 1 I N D I A

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

9 Telephone Number & Email ID details

Country code

Area/STD Code

Telephone / Mobile number

9 1

9 6 4 4 2 3 9 6 8 4

Email ID muskansahu013@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 Aadhaar number/The Enrolment ID of Aadhaar application form as per section 139AA

Please mention your AADHAAR number (if allotted) 6 2 4 6 5 5 7 8 5 9 7 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

A N I L K U M A R S A H U

13 Source of Income

☐ Salary

☐ Income from House property

☐ No income

Please select, ☒ as applicable

☐ 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

S A H U

First Name

H E M

Middle Name

L A L

Address

Flat / Room / Door / Block No.

4 6

Name of Premises / Building / Village

B H E D I

Road / Street / Lane/Post Office

D O N D I L O H A R A

Area / Locality / Taluka/ Sub- Division

D O N D I L O H A R A

Town / City / District

D U R G

State / Union Territory

C H H A T T I S G A R H 4 9 1 7 7 1

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 ANIL KUMAR SAHU, 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 : DOND I LOHARA

Date : 2 3 1 1 2 0 2 0

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



भारत सरकार
Government of India



अनिल कुमार साहू
Anil Kumar Sahu

जन्म तिथि / DOB : 23/02/1999
पुरुष / Male



6246 5578 5976

अधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India


पता: आत्मज: हेम लाल साहू, 46,
भेदी भेदी, डोंडी लोहारा बालोद,
डोंडीलोहारा, छत्तीसगढ़, 491771

Address: S/O: Hem Lal Sahu, 43, Bhedi,
Bhedi, Dondilohara, Balod, Dondiluhara,
Chhattisgarh, 491771

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