

		Application Number: A036539439		Payment Reference: 1036120729270943 / PY0045390444		Payment Date: 05/02/2021 Rs.107.00/-		Income Number Bar Code	
Application Source: EWALLET - A - APNA-CSC							Application Date: 05/02/2021		
User Id: 532137330012		User Name: 532137330012							
PAN CARD MODE : Both physical PAN and e-PAN Card					Application Mode : Physical Application				
<div><div>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] <small>See Rule 114</small> <small>To avoid mistakes, please follow the accompanying instructions and examples before filling up the form</small></div><div></div></div>									
Assessing officer (AO code)									
Area code		AO type		Range code		AO No.			
L	K	N	W		7	1		1	
<p>I/We hereby request that a Permanent Account Number be allotted to me/us. I/We give below necessary particulars:</p>									
1 Full Name (Full expanded name to be mentioned as appearing in proof of identity/address documents: initials are not permitted)									
Please select title, <input checked="" type="checkbox"/> as applicable <input type="checkbox"/> Shri <input type="checkbox"/> Smt. <input checked="" type="checkbox"/> Kumari <input type="checkbox"/> M/s									
Last Name / Surname: T H A K U R									
First Name: K A J A L									
Middle Name:									
2 Abbreviations of the above name, as you would like it, to be printed on the PAN card									
K A J A L T H A K U R									
3 Have you ever been known by any other name? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (please tick as applicable)									
If yes, please give that other name									
Please select title, <input checked="" type="checkbox"/> as applicable <input type="checkbox"/> Shri <input type="checkbox"/> Smt. <input type="checkbox"/> Kumari <input type="checkbox"/> M/s									
Last Name / Surname:									
First Name:									
Middle Name:									
4 Gender (for individual applicants only) <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> 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: 1 0 Month: 1 1 Year: 2 0 0 2									
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 <input type="checkbox"/> No <input checked="" type="checkbox"/> (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 I N G H									
First Name: S U R A J P A L									
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:									
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) <input checked="" type="checkbox"/> Father's name <input type="checkbox"/> Mother's Name (Please tick as applicable)									
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									
Pincode / Zip code									
Country Name									
U T T A R P R A D E S H 2 4 4 0 0 1 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

Area/STD Code

Telephone / Mobile number

9 1

0 5 9 1

9 6 3 9 7 7 3 6 8 7

Email ID

rkgola1204@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)

9 4 9 3

3 6 7 0

4 4 9 9

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

K A J A L T H A K U R

13 Source of Income

☐ Salary☐ Income from House property☒ No incomePlease 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

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 UIDAIas 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 KAJAL THAKUR, 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 : MORADABAD

Date :

D D M M Y Y Y Y
0 5 0 2 2 0 2 1

Kajal Thakur

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



भारत सरकार
Government of India



Issue Date: 16.01.2021



काजल ठाकुर
Kajal Thakur
जन्म तिथि/DOB: 10/11/2002
महिला/ FEMALE

9493 3670 4499

VID : 9123 4502 0295 5608

मेरा आधार, मेरी पहचान

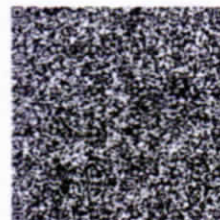


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
सुरजपाल सिंह, नेता बस्ती, जयन्तीपुर मार्ग, मुरादाबाद,
मुरादाबाद, मुरादाबाद, मुरादाबाद,
उत्तर प्रदेश - 244001

Address:
Surajpal Singh, NETA COLONY,
JAYANTIPUR ROAD, MORADABAD,
MORADABAD, Moradabad, Moradabad,
Uttar Pradesh - 244001



9493 3670 4499

VID : 9123 4502 0295 5608



1947



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Kajal Thakur