

Acknowledgement Number: N- 881031101849113



Form NO. 49A

**Application for Allotment of Permanent Account**  
[In the case of Indian Citizens/Indian Companies/Entities incorporated in India/  
Unincorporated entities formed in India]

Under section 139A of the Income Tax act, 1961

To avoid mistake (s), please follow the accompanying instructions and examples before filling

**Assessing officer (AO code)**

AREA CODE	AO TYPE	Range Code	AO NO
NWR	W	58	3

Only 'Individuals' to affix recent photograph (3.5 cm x 2.5 cm)

Only 'Individuals' to affix recent photograph (3.5 cm x 2.5 cm)

Sign/ Left Thumb impression

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

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

MIKANSHI

First Name

Middle Name

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

MIKANSHI

**3. Have you ever been known by other name?**

If yes, please give that other name

 Yes  No

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**5. Date of Birth/Incorporation/Agreement/Partnership or Trust Deed/ Formation of Body of individuals or association of Persons**

Day Month Year

07/11/1993

**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

BENIWAL

First Name

RANDHIR

Middle Name

SINGH

Mother's Name (Optional)

Last Name/Surname

SUNITA

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)

 Father's Name  Mother's Name

(Please tick as applicable)

**7. Address****Residence Address**

Flat / Room / Door / Block

HOUSE NO-28

Name of Premises / Building /

WARD NO. -17

Road / Street / Lane/Post Office

OFFICER COLONY

Area / Locality / Taluka/ Sub-

TOHANA

Town / City / District

DISTRICT- FATEHABAD

State / Union Territory

Pincode / Zip code

Country Name

HARYANA

125120

INDIA

**Office Address**

Name of office

Flat / Room / Door / Block

Name of Premises / Building /

Road / Street / Lane/Post Office

Area / Locality / Taluka/ Sub-

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  01692  9416244538

Email ID  RANDHIRDP@GMAIL.COM

10. Status of applicant

Please select status, as applicable

- Individual  Hindu undivided family  Company  Partnership Firm  Association of Persons  
 Trusts  Body of Individuals  Local Authority  Artificial Juridical Persons  Limited Liability Partnership

Government

11. Registration Number (for company, firms, LLPs etc.)

12. Please mention your AADHAAR number (if allotted)

564046951132

13. Source of Income

- Salary  Capital Gains  
 Income from Business / Business/Profession  [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

Name of Premises / Building /

Road / Street / Lane/Post Office

Area / Locality / Taluka/ Sub-

Town / City / District

State / Union Territory  Pincode  Country Name

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 the Unique as proof of identity  AADHAAR Card issued by the Unique Identification

as proof of address and  AADHAAR Card issued by the Unique Identification Authority of India 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]

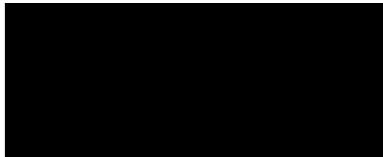
16 I/We  MIKANSHI applicant, in the capacity of  Himself/Herself

do hereby declare that what is stated above is true to the best of my/our information and belief.

Place  TOHANA

DD MM YYYY

Date  25/08/2016



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