



Application Number: R003838622  
 Payment Reference: PY0006098058  
 Payment Date: 14/10/2023 Rs.107.00/-

Inward Number Bar Code

Application Source: PSA - FYV - OMG ACTIVE INDIA Application Date: 14/10/2023

User Id: OMGA995-OMG204 User Name: OMGA995-OMG204

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.	
N	W	R	W	1	1	0	5	

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)

Signature/Left thumb impression across this photo

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

B U D D H V I L A S

First Name

Middle Name

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

B U D D H V I L A S

**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: 1 9 8 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: K E S A R I Y A

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

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.

Name of Premises / Building / Village

Road / Street / Lane/Post Office

Area / Locality / Taluka/ Sub- Division

Town / City / District

State / Union Territory

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

Pincode / Zip code

Country Name

P U N J A B 1 4 1 0 0 8 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

Grid for address details

Grid for address details

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

Grid for area code

9 8 7 2 7 9 3 2 5 7

Email ID

epansuvida@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.)

Grid for registration number

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 8 7 5

2 3 3 7

6 9 5 5

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

Grid for enrolment ID

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

B U D D H V I L A S

13 Source of Income

Salary

Income from House property

No income

Please select,  as applicable

Capital Gains

Income from Business / Profession

Business/Profession code

Grid for business 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

Grid for name details

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

Grid for address details

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 BUDDHVILAS, 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 : LUDHIANA

Date : 1 4 1 0 2 0 2 3

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