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**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]**

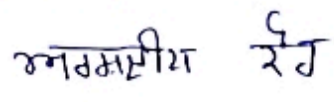
See Rule 114

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

**Assessing officer (AO code)**

Area code	AO type	Range code	AO No.
NWA	C	110	01

Sign / 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/date of birth/address documents: Initials are not permitted)**

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

Last Name / Surname: K A U R  
 First Name: A R S H O E E A  
 Middle Name:

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

A R S H O E E P K A U R

**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: 01 Month: 07 Year: 2003

**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 provide below.

**Father'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: K U L J E E T  
 Middle Name:

**Mother'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)

Father's name  Mother's name (Please tick as applicable)

(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).

**7 Address**

**Residence Address**

Flat / Room / Door / Block No. HOUSE NO 825  
 Name of Premises / Building / Village NAVNEET NAGAR  
 Road / Street / Lane/Post Office 01  
 Area / Locality / Taluka/ Sub- Division SALEM TABAI  
 Town / City / District LUDHIANA

State / Union Territory: PUNJAB  
 Pincode / Zip code: 141003  
 Country Name: INDIA

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
State / Union Territory

Grid for office address details

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

Email ID VK.SONIA93@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 Judicial Persons Association of 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 or the Enrolment ID of Aadhaar application form as per section 139 AA

Please mention your AADHAAR number (if allotted) 439978900384

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

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

ARCHEEP KAUR

13 Source of Income

Please select, as applicable

Salary Income from Business / Profession Business/Profession code Income from House property Capital Gains Income from Other sources 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

Grid for Representative Assessee 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

Grid for Representative Assessee address

Pincode

15 Documents submitted as Proof of Identity (POI), Proof of Address (POA) and Proof of Date of Birth (POB)

I/We have enclosed Aadhaar Card as proof of identity, Aadhaar Card as proof of address and Aadhaar Card 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]

I/We Archeep Kaur, the applicant, in the capacity of HERSELF do hereby declare that what is stated above is true to the best of my/our information and belief.

Place: LUDHIANA

Date: 14/08/2021

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