

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.



Sir,

I/We hereby request that a permanent account number be allotted to me/us.

I/We give below necessary particulars:

Mahammad. SK Samsujjaman

Signature / Left Thumb Impression

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

SAMSUJJAMAN

First Name

MAHAMMAD

Middle Name

SK

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

MAHAMMAD SK SAMSUJJAMAN

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 Month Year

16 05 1982

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

MAHAMMAD

First Name

SK

Middle Name

SANOYAR

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.

BHAGWANPUR-1

Name of Premises / Building / Village

SARBERIA

Road / Street / Lane/Post Office

NARAYANDARI

Area / Locality / Taluka/ Sub- Division

EGRA

Town / City / District

EAST MEDINIPUR

State / Union Territory

WEST BENGAL

Pincode / Zip code

721655

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

Pincode / Zip code

Country Name

WEST BENGAL 721655 INDIA

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

9732386066

Email ID

SONTUMOHAMMED@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 or the Enrolment ID of Aadhaar application form as per section 139 AA

Please mention your AADHAAR number (if allotted) 945299334890

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

MAHAMMAD SK SAMSUTJAMAN

13 Source of Income

Please select, ☒ as applicable☐ Salary☐ Income from Business / Profession

Business/Profession code

[For Code: Refer instructions]

☐ 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

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 (POB)

I/We have enclosed AADHAR as proof of identity,

AADHAR

as proof of address and AADHAR 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 MAHAMMAD SK SAMSUTJAMAN, the applicant, in the capacity of

HIMSELF

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

Place :

SARBERIA

Date :


D D M M Y Y Y Y
1 3 0 9 2 0 2 4Signature / Left Thumb Impression of
Applicant (inside the box)

Mahammad SK Samsutjaman

ভারত সরকার
Government of India

আধার

আধার নং Issued: 04-05-2013



মহম্মদ সেক সামসুজ্জামান
Mahammad Sk. Samsujjaman
জন্মতারিখ/ DOB: 16/05/1982
পুরুষ/ MALE

আধার পরিচয়ের প্রমাণ, নাগরিকত্ব বা জন্মতারিখের নয়। এটি শুধুমাত্র যাচাইকরণের (অনলাইন প্রমাণীকরণ বা কিউআর কোড/অফলাইন প্রোগ্রামের মাধ্যমে) মতে ব্যবহার করা উচিত।
Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

9452 9933 4890

আমার আধার, আমার পরিচয়

ভারতীয় বিশিষ্ট পরিচয় প্রাধিকরণ
Unique Identification Authority of India

আধার

ঠিকানা:
সরবেরিয়া, Narayandari, পূর্ব মেদিনীপুর,
পশ্চিমবঙ্গ - 721655

Address:
Sar Beria, PO: Narayandari, DIST: East
Midnapore,
West Bengal - 721655

Details as on: 02/09/2024



9452 9933 4890

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