Form No. 49A

Application for Allotment of Permanent Account Number

(In case of Indian Citizens/Indian Companies/ Entities incorparated 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 up the form.

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

Signature/Left Thumb Impression across this photo

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

Signature/Left Thumb Impression

Assessing Officer (AO Code)

Area Code			AO Type		Range Code			AO No.		
N	W	R	9	1	0	0	0	0	0	0

Sir,

I/We hereby request that a permanent account number be alloted 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	GAKHARGAKHARGAKHARGAKHARGA
First Name	HARIHARIHARIHARIHARIHARIHA
Middle Name	KRISHANKRISHANKRISHANKRISH

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

HARI KRISHAN GAKHAR HARI KRI

3. Have you ever been known by any other name ? ☐ **Yes** ☐ **No** ***(Please tick as applicable)***

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

Last Name / Surname	GAKHAR GAKHAR GAKHAR GAKHA
First Name	HARI HARI HARI HARI HARI H
Middle Name	KRISHAN KRISHAN KRISHAN KR

4. Gender (for Individual applicants only) ☐ **Male** ☐ **Female** ***(Please tick as applicable)***

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

18 02 1974 (DD / MM / YYYY)

6. Father's Name (Only Individual applicants: Even married women should fill in father's name only)

Last Name / Surname	GAKHAR GAKHAR GAKHAR GAKHA
First Name	VED VED VED VED VED VED VE
Middle Name	PARKASH PARKASH PARKASH PA

7. Address (Residence Address)

Flat/Room/Door/Block No.	AAAAAAAAAAAAAAAAAAAAAAAAAA
Name of Premises/Building/Village	AAAAAAAAAAAAAAAAAAAAAAAAAA
Road/Street/Lane/Post Office	AAAAAAAAAAAAAAAAAAAAAAAAAA
Area/Locality/Taluka/Sub-Division	AAAAAAAAAAAAAAAAAAAAAAAAAA
Town/City/District	AAAAAAAAAAAAAAAAAAAAAAAAAA
State/Union Territory	PUNJAB PIN Code 151204 Country INDIA

(Office Address)

Flat/Room/Door/Block No.	AAAAAAAAAAAAAAAAAAAAAAAAAA
Name of Premises/Building/Village	AAAAAAAAAAAAAAAAAAAAAAAAAA
Road/Street/Lane/Post Office	AAAAAAAAAAAAAAAAAAAAAAAAAA
Area/Locality/Taluka/Sub-Division	AAAAAAAAAAAAAAAAAAAAAAAAAA
Town/City/District	AAAAAAAAAAAAAAAAAAAAAAAAAA
State/Union Territory	PUNJAB PIN Code 151204 Country 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	01635	9357100018

e-mail id: hkg@gakhar.in

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 Juidical Persons ☐ Limited Liability Partnership

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

88888888888888888888888888888

12. In case of a citizen of India, then

Please mention your **AADHAAR** number (if allotted) 999999999999999

13. Source of Income **Please select status; ☑ as applicable**

☐ Salary ☐ Capital Gains

☐ Income from Business/Profession Business/Profession code ☐☐ (For code : Refer Instruction) ☐ 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	AAAAAAAAAAAAAAAAAAAAAAAAAAA
First Name	AAAAAAAAAAAAAAAAAAAAAAAAAAA
Middle Name	AAAAAAAAAAAAAAAAAAAAAAAAAAA

Address (Residence Address)

Flat/Room/Door/Block No.	AAAAAAAAAAAAAAAAAAAAAAAAAAA
Name of Premises/Building/Village	AAAAAAAAAAAAAAAAAAAAAAAAAAA
Road/Street/Lane/Post Office	AAAAAAAAAAAAAAAAAAAAAAAAAAA
Area/Locality/Taluka/Sub-Division	AAAAAAAAAAAAAAAAAAAAAAAAAAA
Town/City/District	AAAAAAAAAAAAAAAAAAAAAAAAAAA
State/Union Territory	PUNJAB PIN Code 151204 Country INDIA

15. Documents submitted as Proof of Identity (POI) and Proof of Address (POA)

I/We have enclosed POI as proof of identity and POA

as proof of address POB 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.]

16. I/We Hari Krishan Gakhar the applicant, in the capacity of Individual

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

Place : KOT KAPURA

Date : 25 11 2015

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