Only 'Individuals'						n t rpc	Form No. 49A cation for Allotment of Permanent Account Number in the case of Indian Citizens/Indian Companies/Entities porated in India/Unincorporated entities formed in India] See Rule 114 Juin Juin Juin Juin Juin Juin A1986350														Only 'Individuals' to affix recent colour photograph (3.5 cm x 2.5 cm)																		
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Office Address										
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/Zipcode	Country Name	Please tick as applicable)							
9 Telephone Number & Email ID deta	ails									
Country Code Ar	rea/STD Code	Telephone/Mobile Number 7 0 4 2 0 0 8 9	9 5 1							
Email ID	SINGHSANDEEPSI	N@GMAIL.COM								
<b>10 Status of Applicant</b> Please select status, ✓ as applicable         ✓ Individual         Trusts         Body of Individual		Partnership Firm	Government Association of Persons Limited Liability Partnership							
11 Registration Number (for company, f	firms, LLPs, etc.)									
12 In case of a person, who is require per section 139AA	ed to quote Aadhaar numb	r/The Enrolment ID of Aa	dhaar application form as							
Please mention your AADHAAR number	r (if allotted) <b>5 6 1 1</b>	4 6 2 9 6 6	<b>5 7 4</b>							
If AADHAAR number is not allotted, plea	ase mention the enrolment ID	f Aadhaar application form								
Name as per AADHAAR letter/card or as		aar application form								
A R A D H A N A S I	N G H									
13 Source of Income										
13 Source of Income         Please select, ✓ as applicable         Salary       Capital Gains         Income from Business/Profession       Business/Profession Code         Income from House property       ✓ No income										
14 Representative Assessee (RA) Full name, address of the Representative Assessee, who is assessible under the Income Tax Act in respect of the person, whose particulars have been										
given in the column 1-13.	sessee, who is assessible under th	e income Tax Act in respect of t	ne person, whose particulars have been							
Full Name (Full expanded name: initials are not permitted) Please select title, ☑ as applicable ☑ Shri ☑ Smt. ☑ Kumari ☑ M/s										
Last Name / Surname										
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Address																						-	
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16 I/We ARADHANA						tho	annl	icant	t in	tho	cana	acity	/ of				HERSELF						
do hereby declare that what is stat			ruo t	o the																_			
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X Cut here & Paste on the envelope										
FROM:	I	TO:								
ARADHANA SINGH		THEPANCARD.COM								
CUSTOMER CODE: A1986350		DOOR NO. 41, 4TH FLOOR, TOWER I,								
37-A, BHAGWAN NAGAR		SHAKTHI TOWERS,								
NEAR JEEWAN HOSPITAL BHAGWAN NAGAR		#766, ANNA SALAI, CHENNAI,								
SOUTH WEST DELHI		TAMIL NADU - 600002.								
DELHI - 110014.	I									

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