							31778 BFPNI		057	702	6070	7 / 0	2V0	162	171	30							
411317		nent D			The state of the s		9/202					/ [	10	102	4/1	33							
plication Source; E												S P	VTI	TD		Ħ,	Ann	licati	on [	Date	27	/09/:	202
er ld: AMANK116		r Name														=							
er Id: AIVIAINK I TO										_						_		_					
	oth physical	PAN :	and	e-F	PAN	1 C	CALIFORNIA MANAGEMENTAL	NO ACCUMONA	Mark Williams 18	-	pplica	atio	n M	ode	: Ph	lysi	ical	App					
	[In the case	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		Т	Range c			ode		AO No.													
Le Tumb impression	PT	N	W				2	7	T		4	T							-		77.70		
r, I/We hereby reque Ve give below neces		Ассоы	nt Ni	umbe	er be	e allo	otted to	me/u	ıs.							(	Sion	यर्ड ature/l	eft Ti	d d	Impre	Ssion	
Full Name (Full ex	cpanded name to b	e men	tion	ed a	is aj	ppe	aring in	pro	of o	fide	entity/a	ddr	ess	docu	ımen	ts:							
Please select title,	✓ as applicable		Sh	ri		1	Smt.		Kı	ıma	ri	M	l/s										
Last Name / Surna	me	D	E	V	1																		
First Name		J	Α	Y	S	Н	RE	E															
Middle Name																							
Abbreviations of J A Y S F	the above name, a	THE RESERVE OF THE PERSON NAMED IN	wou V	ld lil	ke it	, to	be prin	ted o	on tl	he F	PAN ca	rd											
Have you ever be	en known by any o	other n	ame	?		<u> </u>	Yes		V	No	)					(	plea	se ti	ck a	s ap	plica	ible)	
If yes, please give that	at other name					-																	
Please select title,	✓ as applicable		Sh	ri	ſ		Smt.	Г	Kı	ıma	ri [	M	/s										
Last Name / Surna	me											T										T	
First Name																					1 1 1 1 1		
Middle Name																							
Gender (for Indiv	dual applicants or	ulv)	1			_	Male		w	E	male		$\overline{\Box}$	Tran	sger	ador	- 1.	pleas	o ti	ok oa	001	Hisal	hla)
Details of Parents Whether mother is If yes, please fill in r	rporation/Agreeme y of individuals or (applicable only for a single parent and y nother's name in the landatory except w	assoc indivi	dual dual n to oriate	on of apply apply e spa	f Pe dica for ace	rsoi nts) PAI prov	ns , N by furr ided bel	nishin low.				our/	1 moth	1 ier oi			1	No	9			ck as	appl
Last Name / Surna				H			parem	anu		4 15	applier	В	luiii	SIIII	ig trie	IIa	ine (	JI 1110	uiei	Offiny	1		
First Name		Р	R	Α	В	Н	U																
Middle Name												-											
	optional except wh	nere m			a si	ngle	parent	and	PA	N is	applie	d by	furi	nishi	ng th	e n	ame	of m	oth	er or	ıly)	1	
Last Name / Surna	me	D	E	V	1			Tal.															
First Name		R	E	E	N	Α																	
Middle Name						1.75						1				1							
	either father or mot s provided then PA														a cin	alo r	naro	nt an	dvo		ah to	anni	v for
	name of the mother		-	7			ame	3 116										iii aii	u yo	u wis	311 10	appi	y ioi
Address			L	٦٢٥	uiei	511	anne	Ш	IVIO	uriei	's Nan	<b>€</b> 1	(Pteas	e tick	as appl	icabl	e)						
Residence Addre		W	A	R	D		NO	-	0	8													
Name of Premises		P	Α	R	S	Α	Mary Printers and Street	1															
Road / Street / Lane		В	Н	1	K	The same	NA	T	Н	0	RI				Department of								
Area / Locality / Talu		S	A	NAME OF TAXABLE PARTY.	minetoninos	D	White the same of the same of																
Town / City / District		W	E	S	T	)i-	The second second	The same of	TOTAL STREET	P	AR	A	N			1							
State / Union Territ			Name of		-		ode / Zir		-	<b>5</b> T				Cot	untry	******	CONTRACTOR OF THE PARTY OF THE					1	
Office Address	IHAR					3 4	4   5	4	5   3	5				1	N	n		Α					
Name of office																							
Flat / Room / Door /	Block No.																						
Name of Premises	Building / Village					-													nimal some				
Road / Street / Lane	(Deat Office			1			10000																