ACKNOWLEDGEMENT NUMBER: N- 881060144482545

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]

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

Assessing officer (AO code)

AREA CODE	AO TYPE	Range Code	AO NO
APR	W	71	4

Sunitha.

Signature/Left Thumb Impression

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

I/We give below necessary

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	MAHANKALI
First Name	SUNITHA
Middle Name	

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

SUNITHA MAHANKALI

3. Have you ever been known by other name?

If yes, please give that other name ☐ Yes ☑ No

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

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

Day Month Year

20-06-1983

6 . Details of Parents (applicable only for individual applicants)

Last Name/Surname	POTHARVANI
First Name	GANESH
Middle Name	

Mother's Name (optional)

Last Name/Surname	
First Name	
Middle Name	

Parent name which is to be printed on the card ☑ Father's name ☐ Mother's name

7. Address

Residence Address

Flat / Room / Door / Block No.	1-45/2/A
Name of Premises / Building / Village	BITTURPALLE
Road / Street / Lane/Post Office	ADILABAD - 504273
Area / Locality / Taluka/ Sub-	
Town / City / District	

State / Union Territory	Pincode / Zip code	Country Name
Telangana	504273	

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

8. Address for Communication ☑ Residence ☐ Office

9. Telephone Number & Email ID details

Country code	Area/STD Code	Telephone / Mobile number
91		9963391744

Email ID: MAHANKALIMOHANRAJ@GMAIL.COM

10. Status of applicant

☑ 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. Please mention your AADHAAR number (if allotted)

685581498627

13. Source of Income

☐ Salary ☐ Capital Gains
☐ Income from Business / Business/Profession [For Code: Refer instructions] ☐ Income from Other sources
☐ 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.

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 /
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 (DOB)

I/We have **Copy of AADHAAR Card issued by the Unique** as proof of identity **Copy of AADHAAR Card issued by the Unique** as proof of address and **Copy of AADHAAR Card issued by the Unique Identification** 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

[Annexure A, Annexure B & Annexure C are to be used wherever applicable]

16 I/We **MAHANKALI SUNITHA** the applicant, in the capacity of **Himself/herself**

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

Place **MANDAMARRI**

DD MM YYYY

Date **09-05-2016**

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

ACKNOWLEDGEMENT NUMBER: N- **881060144482545**

Citizen of India	**Y**
Category	**Individual**
Name	**Smt. SUNITHA MAHANKALI**
Name to be printed on card	**SUNITHA MAHANKALI**
Father's Name	**Shri GANESH POTHARVANI**
Date of Birth	**20-06-1983**
Residential Address	**1-45/2/A** **BITTURPALLE** **ADILABAD - 504273** **Telangana**
Office Address	
Address for Communication	**RESIDENTIAL**
Telephone No.	**91 9963391744**
Email ID	**MAHANKALIMOHANRAJ@GMAIL.COM**
AADHAAR No.	**685581498627**

Payment Mode

e-Wallet: Your Payment of ` 107 through CSC Portal against transaction number 400-3369914 has been successfully processed.

Date: **09-05-2016**

Instructions:

1. The acknowledgement number above is your unique reference number for PAN application. Kindly quote this number for tracking the status of your PAN application on https://tin-nsdl.com or any queries relating thereto.
2. **Save and print this acknowledgement.**
3. Individual applicants affix your recent **colour** photograph (3.5 cm x 2.5 cm), sign the acknowledgement (inside the box provided without touching the sides and in **BLACK INK** only) and enclose a Demand Draft (DD), if any, alongwith Proof of Identity, Proof of Address and Proof of Date of Birth as specified in the application form.
4. Superscribe the envelope with **'APPLICATION FOR PAN -N - Acknowledgement Number' (e.g. 'APPLICATION FOR PAN -N - 881010100000973').**
5. Send the documents as specified in point no. 4 above to **Income Tax PAN Services Unit, NSDL e-Governance Infrastructure Limited, 5th floor, Mantri Sterling, Plot No. 341, Survey No. 997/8, Model Colony, Near Deep Bungalow Chowk, Pune - 411016** Tel: 020-27218080; Fax: 020-27218081.
6. Your acknowledgement, Demand Draft if any, and proofs, should reach NSDL within 15 days from the date of online application.
7. Application will be processed only on receipt of relevant proofs and realisation of payment.
8. **PAN card will be dispatched only to the communication address provided in your PAN application**. Wherever the Representative Assessee (RA) details (item no.14 in Form 49A) are mentioned in the application, PAN card will be dispatched to the RA's address.

భారత ప్రభుత్వం
GOVERNMENT OF INDIA

సునీత మహంకాళి
Sunitha Mahankali

పుట్టిన సంవత్సరం / Year of Birth : 1983
స్త్రీ / Female

6855 8149 8627

ఆధార్ - సామాన్యుని హక్కు

AADHAAR
భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

చిరునామా:
W/O మోహన్ రాజు
౧-౪౫/౨/ఆ
బిట్టుర్పల్లి
అదిలాబాద, ఆంధ్ర ప్రదేస్, 504273

Address :
W/O Mohan Raju
1-45/2/a
Bitturpalle
Adilabad, Andhra Pradesh, 504273

Aadhaar - Saamanyuni Hakku

BOARD OF SECONDARY EDUCATION
ANDHRA PRADESH

FF 1115333

PC/35/34177/115333/6
(PRIVATE)

SECONDARY SCHOOL CERTIFICATE

CERTIFIED THAT **POTHARVANI SUNITHA**
D/o **POTHARVANI GANESH** bearing Roll No **0484777**
belongs to **S C HIGH SCHOOL, GOLLETI TOWNSHIP**
has appeared and PASSED SSC EXAMINATION held in **JUNE 2007** in **COMPARTMENTAL**
Division with **TELUGU** as medium of instruction.

		DAY	MONTH	YEAR
DATE OF BIRTH	20/06/1983	TWO ZERO	JUNE	ONE NINE EIGHT THREE

THE CANDIDATE SECURED THE FOLLOWING PERCENTAGE OF MARKS

SUBJECT	Marks Secured (in figures)	Marks Secured (in words)
FIRST LANGUAGE : (TELUGU)	59*	FIVE NINE
THIRD LANGUAGE : ENGLISH	65*	SIX FIVE
MATHEMATICS :	50*	FIVE ZERO
GENERAL SCIENCE :	52	FIVE TWO
SOCIAL STUDIES :	44*	FOUR FOUR
TOTAL :	270	TWO SEVEN ZERO
SECOND LANGUAGE : (HINDI)	45*	FOUR FIVE
GRAND TOTAL :	315	THREE ONE FIVE

Life Skills Education : GRADE SECURED : 'A'

Marks of Identification : 1. A MOLE ON THE RIGHT HAND MIDDLE FINGER
2. A MOLE BELOW THE LEFT EYE

Head of Institution with School Stamp

Head Master
S. C. HIGH SCHOOL
GOLETI TOWN SHIP-504 209

Date of issue : 04/07/2007

SECRETARY
BOARD OF SECONDARY EDUCATION
A.P. HYDERABAD

1. Life skills Education : The Grade Obtained is subject to the respective Heads of the Institutions before delivery of the certificates to the candidates.
2. Any corrections in the certificate will not be entertained after one year from the date of issue.
3. Any unauthorised correction in the certificate will result in cancellation of certificate.
4. The Marks with asterisk indicates the old marks secured in previous appearances.

2007