Form No. 49A

Form No. ITS 49A

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STD Code Tel. No.
7. Tel. No. email ID
8. Sex (For 'Individual' Applicants only) Please Tick $\sqrt{}$ as applicable Male Female
9. Status of the Applicant Please Tick √ as applicable
Individual P Firm F Body of Individuals B
Hindu Undivided Family H Association of Person A Local Authority L
Company C Association of Persons (Trusts) T Aritificial Juridical Person J
10. Date of Birth / Incorporation / Agreement / Partnership or Trust Deed / Formation of Body of Individuals/ Associastions of Persons
11. Registration Number (In case of Firms, Companies etc.)
12. Whether citizen of India ? Please Tick √ as applicable Yes No
13(a) Are you a salaried employee ? If yes, indicate Government Others
Name of the Organisation where working
(b) If you are enganged in a business/ profession, indicate nature of business or profession and fill the relevant code
(c) If you are not covered by (a) or (b) above, indicate sources of income, if any
14. 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 column 1 to 13.
Full Name(Full expanded name : initials are not permitted) Please tick as applicable Shri Smt. Kumari M/s
Last Name / Surname First Name
Address
Flat/Door/Block No.
Name of Premises / Building / Village
Road / Street / Lane / Post Office
Area / Locality / Taluka / Sub - Division
Town / City / District State / Union Territory Pin
(Indicating PIN is mandatory)
15. I/We have enclosed as proof of idenity and as
proof of address
I/We, the applicant, do hereby declare that what is stated above is true to the best of my/our information and belief.
what is stated above is true to the best of my/our information and benefit
Verified today, the D D M M Y Y Y Y Y Signature/ Left Thumb Impression of
Applicant (inside the box)