

DSC 2025- JOINING REPORT

To

The-----

Dt-----

Respected Sir/Madam

Sub:- DSC 2025- -----, Selected For

The Post Of ----- And Alloted To

----- Submission

Of Joining Report ----- Reg

Ref ; Posting Orders Vide Rc No -----

Dt----- Of -----,

In Obedience To The Proceedings Cited In the reference above

I, ----- HT no----- Hereby Report To Join

Duty as ----- In -----School

On The Fore Noon of Dt----- and Take up

Assignments related to The Post Given By Head Of Office ,

I want to Tender the Following along with Orginal To Head Of office
Before Reporting To Duty

1. Posting Order in 2 copies
2. Original & Zerax copies Of Ed Qualifications Required For The post-
3. SSC certificate Zerax For DOB
4. Pass port Photto
5. Physical Fitness Certificate From Govt Medical Officer
6. Attestation Forms Duly Filled- 4 sets
- 7 Aadhar card Zerax copy
- 8 PAN zerax copy
- 9 Nationalised Bank Pass Book in First page Zerax
10. List of Family Members
11. Hall Ticket Zerax Copy
- 12 Mobile No & Mail Id

I here by assure that I will abide by the rules and
regulations Prescribed for the Dept as well as Our Institution and also extend
my services to the best of my ability

Thanking You Sir/Madam

Yours Obediently

.....

Name -----, Mobile no-----

PHYSICAL FITNESS AND HEALTH CERTIFICATE

I/We hereby certify that I/We examined Sri/Smt./Kumari _____

_____ a candidate for employment _____

Course and cannot discover that he/she has any disease, communicable or otherwise constitutional affection or bodily infirmity except that his/her weight is an excess below the standard prescribed except _____

I do not consider this a disqualification of the employment or service he/she seeks.

I/We also certify that her/She has marks of small-pox or vaccination.

His/Her age according to her/his own statement is _____

Years and by appearance about _____ Years.

1. Height : _____ Feet _____ inches _____

2. Weight : _____ Kgs. _____

3. Chest measurements

a) On full Inspiration _____ b) On full expiration _____

Acuteness of Vision _____

Appearance _____

Fitness for out door work _____

Personal Marks of Identification: 1) _____

2) _____

Place :

Date:

Signature of Medical Authority

Regd. No.

Latest colour
passport size
photograph of
the candidate

REVISED ATTESTATION FORM

(THE CANDIDATE SHOULD PROPERLY FILL THE ATTESTATION
FORM WITH HIS/HER OWN HAND WRITING)

Name of the
Department

Name of the Head of
Department

1. (a) Name in full (Capital letters only) with aliases, if any. Please Indicate if you have
added/dropped at any stage any part of your name /surname.

SURNAME

NAME

(b) Designation of the candidates with category (Appointment by Direct recruitment /
Ex-servicemen quota/compassionate ground)
(Enclose supporting certified copies of the documents.)

(i) Designation

(ii) Place of working

(iii) Date of Entry into
Service or Date of
Appointment

(iv) Direct Recruitment

Ex-Servicemen

Compassionate

2 Details of Address

a. Present

b. Permanent

House /Apartment/Flat No.

Name of the Apartment

Lane Name

Street & Road

Village

Mandal/Taluk

Town/City

District

State

Pincode:

Contact Phone Number	Mobile	Landline office (with STD code)	Landline Residence (with STD Code)

(c) If originally a resident of Pakistan, the address in that Dominion and the date of migration to Indian Union

--

3 Particulars of places where you have resided during the **preceding five years** from the date of filling up of Attestation Form.

	From (Month/year)	To (Month/year)	Residential Address in full (i.e. House/Apartment/Flat Number, Apartment /Complex/ Lane/ Street/ Colony and Road, Village, Mandal and District / City)	Police Station and District.
1				
2				
3				
4				
5				

4.) Father's details

a) Name in full with aliases, if any

--

b) Profession

--

c) If in service, give designation and Official address

--

d) Present Postal address (if dead, give last address)

House No	
Lane Name	
Street & Road	
Village/Mandal	
Dist	
State	
PIN Code	

e) Permanent House address

House No	
Lane Name	
Street & Road	
Village/Mandal	
Dist	
State	
PIN Code	

5. (i) Nationality of :

a) Father

b) Mother

c) Wife/Husband

(ii) Place of birth of Wife/Husband

6. a) Date of birth of the applicant

b) Present age

c) Age at SSC/Matriculation

7. a) Place of birth, District and State

b) District and State to which you belong

8. a) Religion

b) Are you a member of Scheduled Caste/Scheduled Tribe / Backward Class?

Scheduled Caste ☐ Scheduled Tribe ☐ Backward Class ☐

Please Specify the class/Tribe Grade A,B,C,D, &E

9. Educational Qualifications showing places of education with years in schools and colleges since 15th year of age (***Please enclose certified copies of study certificates and indicate whether study is regular or distance/correspondence***)

Course	Name of the school/College with full address (village/Mandal/District/City)	Date of entering (mention month & year)	Date of leaving (Mention Month & Year)	Examination passed with Reg. No. etc (Name of the group i.e. Inter/Degree/ Diploma PG, etc)	Police Station and District.
1.SSC/Matriculation					
2.Intermediate/Diploma					
3.Graduation/Professional Course					
4.Post Graduation					
5.Any other qualification					

10. If you have at any time been employed, give details. (Please enclose certified copies of the documents)

Designation of post held or description of work	Period		Full Address of the Office, Firm or Institution	Have you been at any time dismissed / removed from service / resigned to the post? If so, please give details
	From	To		

11. Have you ever been arrested by the police, convicted by a Court of law or detained under any state/ Central preventive detention laws for any offence? Whether such conviction sustained in the court of Appeal or set aside by the Appellate Court if appealed against.

(Note: If detained, convicted, debarred etc. subsequent to the completion and submission of this form, the details should be communicated immediately to the concerned Department or the authority to whom the Attestation Form has been sent earlier, as the case may be, failing which it will be deemed to be suppression of factual information). If the answer is 'Yes', the full particulars of the conviction, sentences and detention should be given.

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12. Name and complete address of two responsible persons of your locality to whom you are known or two referees to whom you are known. (Persons shall not be blood relatives)

	Referee-1	Referee-2
House /Apartment/Flat No.		
Name of the Apartment/complex		
Lane Name		
Street & Road		
Village		
Mandal/Taluk		
Town/City		
District		
State		
Pincode		

13. Have you ever been member/worker of any Political Party or Communal organization /Youth/Student/Service/Labour? If so furnish details.

DECLARATION SHOULD BE SIGNED BY THE CANDIDATE

1. I hereby declare that the statements made in this form are true to the best of my knowledge and belief.
2. I am married/unmarried and have only one wife living (delete which is not applicable)
3. I am fully aware that furnishing of false information or suppression of any factual information in the Attestation Form would be a disqualification and is likely to render me unfit for employment under the Government.
4. I am also fully aware that if it comes to notice at any time during my service that false information has been furnished or that there has been suppression of factual information in the Attestation Form, my services would be liable to be terminated solely on this ground.

Date:
Place:

Signature of the candidate

**CERTIFICATE TO BE SIGNED BY A GAZETTED OFFICER OR MEMBER OF
LEGISLATURE OR OTHER AUTHORITY AS PRESCRIBED BY THE APPOINTING
AUTHORITY**

Certified that I have known Sri / Smt /Kum _____
_____. Son/Daughter/Wife of _____ for the
last _____ years _____ months and to the best of knowledge and belief, the particulars
furnished by him/her are correct.

(Signature)
Name & Designation with seal

Date :
Place:

Photograph of the
candidate attested
by Gazetted Officer/
MLA/Other with
seal. Competent
Authority.

ENCLOSURES: 1. ATTESTED COPIES OF ALL ED QUALIFICATIONS FROM SSC TO B.ED/TTC(NOT PG)
2 TO BE SUBMITTED IN 4 SETS TO DEO OFFICE THROUGH MEO/HM
3 CELL NO MUST

MENU ≡

DDO Name	VBHARATHI GHANTASALA	DDO CFMS ID	14143667
REGULAR EMPLOYEE PROFORMA ON REQUEST FOR NEW HRMS ID/ CFMS ID			
* fields are mandatory			
Title: *	SELECT Ms Mrs Mr Prof Dr	First Name: * (as per Service Register of the Employee)	
		Surname Name: * (as per Service Register of the Employee)	
Father Name: *		Date of Birth: * (DD/MM/YYYY)	
Gender: *	SELECT	Date of Joining in Present Working Station: * (DD/MM/YYYY)	
Marital Status: *	SELECT	If Married, Spouse Name:	
DDO Code: *	SELECT	Unit/ Office Name: *	SELECT
Position Name: *	SELECT	Bill Id: *	SELECT
Department Code: *		HRMS Designation Code: *	SELECT
HRA Code: *	1007	HRA Percentage: *	SELECT
Payroll Area: *	SELECT	HRMS ID, if available : (7 digit)	

If HRMS ID is available, then	Date of Joining into Government Service : * (DD/MM/YYYY)		
STO Code : *		Approval Authority :	
GO Date : * (DD/MM/YYYY)		GO No. :	
House No :		Landmark/CO :	
Street name :		Postal Code : *	
State : *	Andhra Pradesh	District : *	SELECT ▼
Mandal :	SELECT ▼	Village :	SELECT ▼
Hamlet :		Assembly :	SELECT ▼
Email : *		Telephone No. : *	
Bank IFSC Code : *		Bank and Branch :	
Bank Account Number : *			
Aadhar No. : *		PAN No. :	
Reason for Adding Employee : *	SELECT ▼	Sub Reason for Adding Employee : *	SELECT ▼
Department : *	SELECT ▼	Office Level : *	SELECT ▼
Employee Group : *	SELECT ▼	Employee Sub Group :	SELECT ▼

Appointment/ Proceeding letter Scanned Copy : * (Pdf or Image - file size limit 512 kb) (Attach Appointment letter Scanned Copy for New Recruitment or Compassionate Appointment) (Attach Proceeding letter Scanned Copy for Existing Vacany or Deputation In)	Choose File No...en	Attach Copy of Bank Pass Book : * (Pdf or Image - file size limit 512 kb)	Choose File N...n
Attach Copy of Aadhar Card : * (Pdf or Image - file size limit 512 kb)	Choose File No...en	Attach Copy of PAN Card : (Pdf or Image - file size limit 512 kb)	Choose File N...n
• DDO Aadhar need to Authenticated to submit New Employee Data • Select the BioMetric Device • If Aadhar BioMetric Authentication is successful, then Employee data is allowed to submit			
☐ I hereby certified that the individual is admitted to duty and i found correct with personal details of the candidate with the documents produced by him.			
Select BioMetric Device :	SELECT ▼	Authenticate	
			Submit

[1 AADHAR CARD ZERAX](#)
[2 PAN ZERAX](#)
[3 BANK PASS BOOK FIRST PAGE](#)
[4 PHOTO](#)
[5 APPOINTMENT ORDER INK SIGNED TO BE ENCLOSED](#)

OTHER LINKS

- ✓ National Portal of India (<https://www.india.gov.in>)
- ✓ Ministry of Finance Govt. of India (<https://finmin.nic.in>)
- ✓ Reserve Bank of India (<https://www.rbi.org.in/>)
- ✓ Goods and Services Tax Network (<https://www.gstn.org/>)

- ✓ AP State Portal (<http://www.ap.gov.in/>)
- ✓ AP Finance Department (<https://www.apfinance.gov.in>)

- ✓ Directorate Of Treasuries and Accounts of AP (<https://treasury.ap.gov.in/>)
- ✓ Jnanabhumi (<http://jnanabhumi.ap.gov.in/>)

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(<https://apcfss.in>)

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(<http://www.ctrls.in/>) (<https://www.servicenow.com/>) (<https://www.sap.com/>)

CONTACT US PARTNERS



[illegible]Current A/c

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[illegible][illegible][illegible][illegible]

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[illegible]

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D	D	M	M	Y	Y	Y	Y

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D D M M Y Y Y Y

[illegible]

Group D

[illegible][illegible][illegible][illegible]

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[illegible]

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Rubber Stamp of the DDO

Department / Ministry _____

Section C - Subscriber's Nomination Details (* Indicates Mandatory Field for nominee)

1. Name of the Nominee *:

1st Nominee

2nd Nominee

3rd Nominee

First Name *	First Name *	First Name *
Middle Name	Middle Name	Middle Name
Last Name	Last Name	Last Name

2. Date of Birth (In case of a minor)*:

1st Nominee	2nd Nominee	3rd Nominee

3. Relationship with the Nominee*:

1st Nominee	2nd Nominee	3rd Nominee

4. Percentage Share *:

1st Nominee	%	2nd Nominee	%	3rd Nominee	%

5. Nominee's Guardian Details (in case of a minor)*:

1st Nominee's Guardian Details

2nd Nominee's Guardian Details

3rd Nominee's Guardian Details

First Name *	First Name *	First Name *
Middle Name	Middle Name	Middle Name
Last Name	Last Name	Last Name

6. Conditions rendering nomination invalid:

1st Nominee	2nd Nominee	3rd Nominee

Section D - Subscriber Scheme Details

1st Scheme

2nd Scheme

3rd Scheme

Pension Fund Managers Name/Code	Pension Fund Managers Name/Code	Pension Fund Managers Name/Code
Scheme ID No./Name	Scheme ID No./Name	Scheme ID No./Name
Percentage Share	Percentage Share	Percentage Share

Section E - Declaration

I understand that there would be PFRDA approved **Terms and Conditions** for Subscribers on the CRA website **governing I-Pin (to access CRA / NPSCAN and view details) & T-pin**. I agree to be bound by the said terms and conditions and understand that CRA may, as approved by PFRDA, amend any of the services completely or partially without any new Declaration/Undertaking being signed.

I _____, the applicant, do hereby declare that what is stated above is true to the best of my information & belief. Date : <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> D D M M Y Y Y Y									Signature/Left Thumb Impression of Subscriber

INSTRUCTIONS FOR FILLING PRAN FORM

- Form to be filled legibly in BLOCK LETTERS and in BLACK INK only.
- Details Marked with (*) are the mandatory fields.**
- Each box, wherever provided, should contain only one character (alphabet/number/punctuation mark) leaving a blank box after each word.
- 'Individual' Subscriber should affix a recent colour photograph (size 3.5 cm x 2.5 cm) in the space provided on the form. The photograph should not be stapled or clipped to the form. (The clarity of image on PRAN card will depend on the quality and clarity of photograph affixed on the form.)
- Signature /Left thumb impression should only be within the box provided in the form. The signature should not be on the photograph. If there is any mark on the photograph such that it hinders the clear visibility of the face of the Subscriber, the application will not be accepted.
- Thumb impression, if used, should be attested by a Magistrate or a Notary Public or a Gazetted Officer under official seal and stamp.**

Sr. No.	Item No	Item Details	Guidelines for Filling the Form
Section A - Subscribers Personal Details			
1	3.	Date of Birth	All Dates Should be in "DDMMYYYY" Format
2	6.	Present Address	All future communications will be sent to present address.
3	8, 9, 10	Phone No., Mobile No, & Email ID	It is advisable to mention either "Telephone number" or "Mobile number" or "Email id" so that Subscriber can be contacted in future for any discrepancy.
4	11	Subscriber's Bank Details	For subscribers, the Bank details are mandatory. In case, Bank details are not available at the time of filling the form, subscriber has to accept the declaration for providing the Bank details within six months or on opening of Bank account whichever is earlier.
Section B - Subscribers Employment Details			
It is mandatory to fill the Subscriber's Employment details in the application. The employment details should be filled by the respective DDO of the Subscriber and should be verified by the Authorised Signatory. DDO should ratify Overwriting / Striking off of any of the employment details.			
5	3.	PPAN	Kindly provide the PPAN (Permanent Pension Account Number), if it has been allotted to the subscriber by the concerned PAO.
6	8 & 9	PAO/CDDO Reg. No. & DDO Reg. No.	PAO/CDDO Reg. No. and DDO Reg. No. are the unique Registration number allotted by Central Recordkeeping Agency. CDDOs will register as both PAOs and DDOs. NCDDOs will register only as DDOs and obtain the PAO Reg. No. from their respective PAOs.
Section C - Subscriber's Nomination Details			
7	4.	Percentage Share	Subscriber can nominate maximum of three nominees. Subscriber can not fill the same nominee details more than once. Percentage share value for all the nominees must be integer. Fractional value will not be accepted. Sum of percentage share across all the nominees must be equal to 100. If sum of percentage is not equal to 100, entire nomination will be rejected.
8	5.	Nominee's Guardian Details	If a nominee is a minor, then nominee's guardian details will be mandatory.
Section D - Subscriber scheme details			
If the Subscriber is unable to mention the Scheme details i.e. PFM Name, Scheme Name & Percentage Allocation he can contact the nearest Facilitation Centre (FC) for information or the Subscriber can also search for the scheme details on http://www.npscra.nsdl.co.in			
9	Scheme	Subscriber can select maximum three schemes. Details of the schemes are available on http://www.npscra.nsdl.co.in Subscriber can not fill the same scheme details more than once. If a scheme name is filled in the form for scheme setup there must be a PFM name and percentage contribution filled for that scheme. If the Scheme details are not filled, default scheme as approved by PFRDA will be applicable	
10	Percentage Share	Scheme Contribution Value will be in terms of percentage. It cannot be in terms of amount. Percentage contribution value for all the schemes must be integer. Fractional value will not be accepted. If the sum of contributions (in percentage) across all the schemes is not equal to 100, the balance will be allotted to the default scheme approved by PFRDA.	

GENERAL INFORMATION FOR PRAN SUBSCRIBERS

- Subscribers can obtain the application form for PRAN in the format prescribed by PFRDA (Pension Fund Regulatory & Development Authority) from DDO or can freely download from the CRA website (<http://www.npscra.nsdl.co.in>).
- The request for a reprint of PRAN card with the same PRAN details or/and changes or correction in PRAN data can be made by filling up 'Request for change/correction in subscriber master details and/or re-issue of I-Pin/T-Pin/PRAN card' or/and 'Request For change in signature and/or change in photograph'. The form is available from the sources mentioned in (a) above.**
- The Subscriber can obtain the status of his/her application from the CRA website or through the respective PAO/CDDO.
- For more information
Visit us at <http://www.npscra.nsdl.co.in>
Call us at 022-24994200
e-mail us at info.cra@nsdl.co.in
Write to: Central Recordkeeping Agency, NSDL e-Governance Infrastructure Limited, 1st Floor, Times Tower, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (W), Mumbai - 400 013.

Annexure S5

**Covering letter for Subscriber Registration Application Forms
(To be submitted by DDO in duplicate on official stationery)**

To NSDL CRA,

From:

Date:

DDO Registration Number:

DDO Name and designation:

DDO's contact No.:

Enclosed please find _____ (*in words*) number of Subscriber registration application forms, for the purpose of allotment of Permanent Retirement Account Number (PRAN).

I the authorized signatory, do hereby declare that what is stated above is correct and complete.

Yours faithfully,

_____ Signature/Name of authorized signatory	_____ Acceptance Date and Stamp of FC branch
Stamp of DDO	

Instructions:

1. This covering letter is to be provided by the DDO along with the subscriber registration forms.
 2. The total number of forms per covering letter should not exceed 50. If the total subscriber registration forms exceed 50, kindly provide different covering letters.
 3. Please quote the correct DDO Reg.No. allotted by CRA. The forms are liable to be rejected if incorrect DDO Reg. No. is mentioned.
-



DIRECTORATE OF INSURANCE
దైరక్తరేట్ ఆఫ్ ఇన్సూరెన్స్
GOVERNMENT OF ANDHRA PRADESH
ఆంధ్ర ప్రదేశ్ ప్రభుత్వము
HYDERABAD
హైదరాబాద్

(Contd – 2)

"I do hereby declare that the foregoing details and Answers have been given by me after fully understanding the questions, the same are true, full and complete whether written in my own hand writing or not in every particular and that I have not withheld or concealed any circumstances with regard to which information has been required from me. I agree that the foregoing statements and declaration shall be the basis of the proposed contract for an Insurance and that if it shall hereafter appear that I have willfully made any untrue statement or have fraudulently concealed any circumstances which I ought to have made known then all the Premia which shall have been paid under the said contract shall be forfeited and the contract rendered absolutely null and void."

తేది
Date

జీత పీమా చేయదలచిన వ్యక్తి సంతకం
Signature

ప్రతిపాదన పై ఏ అధికారి సమక్షంలో సంతకం చేయబడినదో ఆ అధికారి ధృవీకరణ పత్రం
CERTIFIED BY OFFICER BEFORE WHOM THE PROPOSAL IS SIGNED

పైన పేర్కొన్న పరీక్షలు పూర్తి పరిమైనవినియు, ప్రతిపాదకుడు నా సమక్షంలో సంతకం చేసినాడనియు నేను ధృవపరుస్తున్నాను. నూతన / అదనపు పీమా విధిత్వము తగ్గింపు చేసిన మొదటి ప్రీమియం రూ. _____ మరియు మొత్తము రూ. _____ (ఇది వరకే తగ్గింపు చేసిన మరియు ప్రస్తుత ప్రీమియం కలుపుకొని) _____ నెల మరియు సంవత్సరము వేతనము నుండి తేది _____ గల టోకన్ నెంబరు _____ ద్వారా పసూలు చేయదమయినది.

I certify that the service particulars stated above are correct and the Proponent's Signature has been affixed in my presence. The First Premium recovered for fresh /subsequent Insurance is ₹ _____ in all ₹ _____ (including previous and present Premium) from the pay of _____ month and _____ year, vide token No. _____ dated _____

స్థలం
Station

తేది
Date

సంతకము
ఆహారణ మరియు బట్వాడ అధికారి (ఆహారణ మరియు బట్వాడ అధికారి గజెటెడ్ కాని యెడల ఆ పై గజెటెడ్ అధికారి సంతకము చేయవలయును. మరియు స్వీయ ధృవీకరణ చెల్లదు.)

For OFFICE USE

O.R.()	
Supdt. DIO	

Signature
Drawing and Disbursing Officer (If DDO is not gazetted, it should be countersigned by next Gazetted Officer and Self Attestation is not acceptable)

హోదా
Designation
కార్యాలయ ముద్ర
Office Seal

ఆంధ్రప్రదేశ్ ప్రభుత్వ భీమా డైరెక్టరేట్ కార్యాలయము
GOVERNMENT OF ANDHRA PRADESH DIRECTORATE OF INSURANCE
ప్రాంతీయ భీమా డిప్యూటీ కార్యాలయము
OFFICE OF THE REGIONAL DEPUTY DIRECTOR OF INSURANCE

To
డైరెక్టరు
ఆంధ్రప్రదేశ్ ప్రభుత్వ జీవిత భీమా శాఖ, హైదరాబాద్ (ఆం.ప్ర.)
THE DIRECTOR,
ANDHRA PRADESH GOVERNMENT LIFE INSURANCE DEPARTMENT
Hyderabad (Andhra Pradesh)

ఆంధ్రప్రదేశ్ ప్రభుత్వ జీవిత భీమా శాఖ (నియమావళిలోని (దిగ్గవ తెలిపిన) 31వ నియమము ననుసరించి _____
కలిగిన _____ అను నేను, క్రింద అనుసూచికలో తెలిపిన వ్యక్తులను నేను చనిపోయిన యెడల వారి/
ఆమె/అతని పేర్లకు/పేరుకు తెలిపిన మొత్తములను పొందుటకు అనుధిక్తులుగా ఇందు మూలమున నామినేటు చేయడమైనది.

In terms of Rules 31, Andhra Pradesh Government Life Insurance Department Rules (Reproduced below)
I, (designation) hereby nominate the per-
sons specified in the schedule as beneficiaries to receive the amounts state against their / his /her, names in case of my
demise.

సర్వీసు నందు తేదికి ముందుగా నేను ఉద్యోగము మానుకొన్న యెడల పాలసీలను అర్పించుటకు లేదా పాలసీ పరిమితి చెందిన మీదట నేనే
స్వయముగా మొత్తం తీసుకొనుటకు నాకున్న హక్కుకు నామినేషన్ ఏ విధముగా భంగము కలిగించదని భావించవలెను.

It is however, understood that this nomination, will in no way affect my right to surrounding the policies in case
of my ceasing to be in service before the date of maturity or to receiving amount myself on maturity of the policy.

అనుసూచి నామినేట్

SCHEDULE NOMINEES

వరుస సంఖ్య Sl. No.	నామినీల పేరు తండ్రి పేరుతో సహా Names of the nominous with father's name	వయస్సు Age	పాలసీదారుడితో గల సంబంధము Relation to Policy-holder	నామినేటు చేయు పాలసీల వివరములు Particulars of Policies to be Nominated			రిమార్కులు Remarks
				పాలసీ నెం. Policy No	మొత్తం Amount	పాలసీ మొత్తపు నిష్పత్తి ఏమయిన ఉంటే Policy Amount if any	
1							
2							
3							
4							
5							
6							
7							

197 నెల తేదీన సంతకమైనది.

Signed this day of 197

పాలసీదారు సంతకము

Signature of the Policy-holder

పై సంతకము గారి కుమారుడైన దని ధృవపరచమైనది

Certified that the above signature is of son of

గజిటెడ్ అధికారి పేరు

Name of the Gazetted Officer

గజిటెడు అధికారి హోదా

Designation of the Gazetted Officer

తేది 197

Dated 197

గజిటెడు అధికారి సంతకము

Signature of the Gazetted Officer

OFFICE SEAL

కార్యాలయ ముద్ర

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 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)

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

Assessing officer (AO code)

Area code			AO type		Range code			AO No.	

Sign / Left Thumb impression
across this photo

Sir,

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

I/We give below necessary particulars:

Signature / Left Thumb Impression

1 Full Name (Full expanded name to be mentioned as appearing in proof of identity/date of birth/address documents: initials are not permitted)Please select title, ☒ as applicable☐ Shri☐ Smt.☐ Kumari☐ M/s

Last Name / Surname

First Name

Middle Name

2 Abbreviations of the above name, as you would like it, to be printed on the PAN card**3 Have you ever been known by any other name?**☐ Yes☐ No

(please tick as applicable)

If yes, please give that other name

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☐ Transgender

(please tick as applicable)

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

Day

Month

Year

6 Details of Parents (applicable only for individual applicants)

Whether mother is a single parent and you wish to apply for PAN by furnishing the name of your mother only?

☐ Yes☐ No (please tick as applicable)

If yes, please fill in mother's name in the appropriate space provide below.

Father's Name (Mandatory except where mother is a single parent and PAN is applied by furnishing the name of mother only)

Last Name / Surname

First Name

Middle Name

Mother's Name (optional except where mother is a single parent and PAN is applied by furnishing the name of mother only)

Last Name / Surname

First Name

Middle Name

Select the name of either father or mother which you may like to be printed on PAN card (Select one only)

☐ Father's name☐ Mother's name

(Please tick as applicable)

(In case no option is provided then PAN card will be issued with father's name except where mother is a single parent and you wish to apply for PAN by furnishing name of the mother only).

7 Address**Residence Address**

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

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 (Please tick as applicable)
9 Telephone Number & Email ID details	
Country code	Area/STD Code Telephone / Mobile number
Email ID	
10 Status of applicant	
Please select status, ☒ as applicable	
☐ Individual	☐ Hindu undivided family ☐ Company ☐ Partnership Firm ☐ Government
☐ Trusts	☐ Body of Individuals ☐ Local Authority ☐ Artificial Juridical Persons ☐ Association of Persons
☐ Limited Liability Partnership	
11 Registration Number (for company, firms, LLPs etc.)	
12 In case of a person, who is required to quote Aadhaar number or the Enrolment ID of Aadhaar application form as per section 139 AA	
Please mention your AADHAAR number (if allotted)	
If AADHAAR number is not allotted, please mention the enrolment ID of Aadhaar application form	
Name as per AADHAAR letter or card or as per the Enrolment ID of Aadhaar application form	
13 Source of Income Please select, ☒ as applicable	
☐ Salary	☐ Capital Gains
☐ Income from Business / Profession Business/Profession code [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 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	
First Name	
Middle Name	
Address	
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	
15 Documents submitted as Proof of Identity (POI), Proof of Address (POA) and Proof of Date of Birth (POB)	
I/We have enclosed as proof of identity, as proof of address and 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]	
[Annexure A, Annexure B & Annexure C are to be used wherever applicable]	
16 I/We , the applicant, in the capacity of do hereby declare that what is stated above is true to the best of my/our information and belief.	
Place :	
Date :	
	Signature / Left Thumb Impression of Applicant (inside the box)