Form No. 49B

[See section 203A and rule 114A]

Form of application for allotment of Tax Deduction and Collection Account Number under Section 203A of the Income Tax Act, 1961

Assessing Officer (TDS / TCS)																									
Assessing Officer Code (TDS / TCS)	and the or of the purpose		o di majeri																						
Area code		or and when	en en en en en																						
AO Type	-	-	-																						
Range Code		The Property of	-	-																					
AO Number		eter benduit	and the second	\dashv																					
Sir, Whereas "I / we "am / are liable to "deduct at source" or "BBCollection at source" of the And whereas no Tax Deduction Account Number has been allotted to "me/us;	e inco	me-u	IX AC	ι, 190	, ,																				n
*1 / We give below the necessary particulars	:																								
[Please refer to instructions before filling up																									
1 Name - (Fill only one of the columns 'a	' to 'h',	whic	heve	r is ap	oplica	able.)																		
(a) Central / State Government: Tick the appropriate entry	Centr	al Go	vern	ment			Γ	\neg	Sta	te C	Sove	ernm	nent	[7	Loc	al A	utho	ority (Cen	tral	Govt	.)		
rick the appropriate entry	Local				e Go	vt.)	1							. 1											
Name of Office	Z	r	LI	LA	-	P	A	R	L	S	H	Q	D		H	T	G	H		S	C	#	3	0	L
	L	E	VI	N		N	A	G	A	R			P	T	D	U	6	U	R	A	L		A		
Name of Organisation	Z	1	LL	A		₽	A	R	ī	S	14	P	1		+)	T	ග	1+	5	C	H	00	2	_	
	L	E	113	N	6	N	A	G ₁	A	G			P	7	D	υ	G	0	R	A	L	1	Ą		
Name of Department	5	C	HC	0	L,		E	D	U	۷	A	7	I	0	N	1			-		-				
											i.							L							
Name of Ministry	P	R	I	Ar	P	y		E	- D	U	C	A	9	1	a	N		F	-						-
								7			,			7											
Designation of the person responsible for * making payment / collecting tax	G	R	AI	DE	-	1	L			H	E	A	D		M	A	15	P	E	R					
(b) Statutory / Autonomous Bodies : Tick the appropriate entry	Sta	tutor	y Boo	dy [Auto	non	nous	Boo	dy			. 1	A 1				- W						
Name of Office				\bot					- 1				_	-	-	-	-	-	-	1	-			raid *	1
	-	-	-	1	-	-	-	-	-		-	-	-	-	+	+	-	-	-	-	-		7		
			_		-	1		_			<u></u>	_	<u> </u>	T	T	1	1	T	+		_				١
Name of Organisation			-	-	-	-	-	-	-	-	-	-	-	+	+	+	+	+	1	-	+	-	-	-	
			-	-	+	-	-	-	-	-	-	-	+	+	+	+	+	+	-	-	1	-	-	-	
							1	_			L	<u></u>	-		-		-	+		1	+		_		J
Designation of the person responsible for * making payment / collecting tax					-	-	-	-	.i.,	-	-	-	-	-	+		146	-	1 100	+	1 4	1	-		1
ior making payment? consumy tax		LJ			_	1_	L			_	1	1	1	1			I A	1	1	1	1	1_	<u></u>	1	١

visit www.challan.in

	(c) Company (See Note 1):			*
	Tick the appropriate entry	Government Company / Corporation established by a Central Act	Government Company / Corporation established by a State Act	Other Company
	Title (M/s) (tick if app	licable)		
	Name of Company			
	Designation of the person resport for * making payment / collecting	nsible tax		
	(d) Branch/Division of a Company:			
	Tick the appropriate entry	Government Company / Corporation established by a Central Act	Government Company / Corporation established by a State Act	Other Company
	Title (M/s) (tick if applica	ble)		
	Name of Company			
	Name of Division			
	Name/Location of Branch			
	Designation of the person responsib for * making payment / collecting tax	le		
(e)	Individual / Hindu Undivided Fami Tick the appropriate entry Title (tick the appropriate entry for i	Individual Hindu U	ndivided Family Kumari	
	Last Name / Surname			
	First Name			
	Middle Name			
(f)	Branch of Individual Business (Sol	e proprietorship concern) / Hindu Undivid	led Family (Karta)	
	Tick the appropriate entry	Branch of Individual business	Branch of Hindu Undivided Family	
	Individual/ Hindu Undivided Family	(Karta):		
	Title (tick the appropriate entry for in	ndividual) Shri Smt.	Kumari	
	Last Name / Surname	0 1 2 1 1 1 2 1		
	First Name			
	Middle Name			
	Name / Location of branch			
(g) F	Firm / Association of Persons / Ass	ociation of Persons (Trusts) / Body of Inc	lividuals / Artificial Juridical Person (See No	ote 3):
	Name			

(h) Branch of Firm / Association of Person	s / Association of Persons (Trusts) / Body of Individuals / Artificial Juridi	cal Person:
Name of Firm / Association of Persons / Association of Persons (Trusts) / Body of Individuals / Artificial Juridical Person:		
Name / Location of branch		
2 Address		
Flat / Door / Block No.		
Name of Premises / Building / Village	NEAR MATER TONK	
Road / Street / Lane / Post Office	PIDUGURALLA	
Area / Locality / Taluka / Sub-Division	PEDUGURALLA	
Town / City / District	PALMADU	
State / Union Territory	ANDHRA PRADESH	
PiN code	522413	
Telephone No.	STD Code Phone No. 99498	43815
e-mail IDs a)	2phslentanaga regmat	· COM
b) "	nn83815egmall.com	
3 Nationality of Deductor (Tick the appropr	iate entry)	
Indian		
Foreign		
4 Permanent Account Number (PAN) -	(specify wherever applicable)	
ACOPN8875C		
5 Existing Tax Deduction Account Number	(if any)	
	1. Heer	
6 Existing Tax Collection Account Number	(if any)	TER
7 Date (DD-MM-YYYY)	Z.P. HIGH SO	CHOOL
07.09.2023	LENIN NAGAR-	522 413
		Applicant)
	Verification	
"I'We, N.NAGESWA	DRARAO	in my / our capacity as
Gr. II Hm	do hereby declare that what is stated above is true to the best of my / our know	vledge and belief.
Verified today the 07 - 09 - 2	HEAD MASTER	
dd mm y	an inch scho	OL
at	(Signin NAGAB Thousand Piduguralla (M), Palno	on of Applicant)
Notes:	Piduguralla (M), Palno	n (nr)

This column is applicable only if a single TAN is applied for the whole company. If separate TANs are applied for different divisions/branches, please fill details in (d).

For branch of Individual business/Hindu Undivided Family, please fill details in (f).

For branch of firm/Association Of Persons/Association Of Persons (Trust) / Body Of Individuals/Artificial Juridical Person, please fill details in (h).

Delete whichever is inapplicable.