

Form No. 49A

Application for Allotment of Permanent Account Number
**[In the case of Indian Citizens /Indian Companise/Entities incorporated in India/
Unicorporated entities formed india]**
See Rule 114

To avoid mistake(s), Please follow the accompanying instructions and examples before filling up the form

Assessing officer (AO code)

Area code			AO code		Range code			AO No.	

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

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

Sign/Left Thumb Impression
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 identity/date of birth/address documents: Intials are not permitted)

Please select title, as applicable Shri Smt. Kumari M/s

Last Name/ Surname																			
First Name																			
Middle Name																			

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

3 Have you ever been known by any 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 (Please tick as applicable)

5 Date of Birth/In corporation/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)

Father's Name (Mandatory. Even married women should fill in father's name only)

Last Name/ Surname																			
First Name																			
Middle Name																			

Mother's Name (optional)

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)
(In case no option is provided then PAN card will be issued with father's name)

Father's name Mother's name (Please tick applicable)

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

INDIA

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											
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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

<input type="checkbox"/> Individual	<input type="checkbox"/> Hindu undivided family	<input type="checkbox"/> Company	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Government
<input type="checkbox"/> Trusts	<input type="checkbox"/> Body of Individuals	<input type="checkbox"/> Local Authority	<input type="checkbox"/> Artificial Juridical Persons	<input type="checkbox"/> Association of Persons
				<input type="checkbox"/> Limited Liability Partnership

11 Registration Number (for company,firm,LLPs, etc.)

12 In case of person, who is required to quote Aadhar number or the Enrolment ID of Aadhar 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 Aadhar application from

Name as per AADHAAR letter or card as per the Enrolment ID of Aadhar application form

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13 Source of Income Please select status as applicable

<input type="checkbox"/> Salary	<input type="checkbox"/> Business/Profession	Business/Profession code <input type="text"/>	(For Code Refer instructions)	<input type="checkbox"/> Capital Gains
<input type="checkbox"/> Income from House property				<input type="checkbox"/> Income from other sources
				<input type="checkbox"/> 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 column1- 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 lief.

Place

Date

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