

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)

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

Assessing officer (AO code)

Area code		AO type		Range code		AO No.	

Signature/Left thumb impression
across this photo

Signature/Left Thumb Impression

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

I/We give below necessary particulars:

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: [Grid]
 First Name: [Grid]
 Middle Name: [Grid]

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

[Grid for abbreviations]

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: [Grid]
 First Name: [Grid]
 Middle Name: [Grid]

4 Gender (for Individual applicants only) Male Female (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
 [Grid]

**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: [Grid]
 First Name: [Grid]
 Middle Name: [Grid]

Mother's Name (optional)

Last Name / Surname: [Grid]
 First Name: [Grid]
 Middle Name: [Grid]

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 as applicable)*

7 Address

Residence Address

Flat / Room / Door / Block No. [Grid]
 Name of Premises / Building / Village [Grid]
 Road / Street / Lane/Post Office [Grid]
 Area / Locality / Taluka/ Sub- Division [Grid]
 Town / City / District [Grid]

State / Union Territory Pincode / Zip code Country Name

[Grid]

Office Address

Name of office: [Grid]
 Flat / Room / Door / Block No. [Grid]
 Name of Premises / Building / Village [Grid]
 Road / Street / Lane/Post Office [Grid]
 Area / Locality / Taluka/ Sub- Division [Grid]
 Town / City / District [Grid]

State / Union Territory Pincode / Zip code Country Name

[Grid]

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 Government Individual Hindu undivided family Company Partnership Firm Association of Persons Trusts Body of Individuals Local Authority Artificial Juridical 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/The Enrolment ID of Aadhaar application form as per section 139AA

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/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 (DOB)

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)