Form No. 49A **Application for Allotment of Permanent Account Number** Only 'Individuals' to affix recent [In the case of Indian Citizens/Indian Companies/Entities incorporated in India/ Only 'Individuals' photograph Unincorporated entities formed in India] to affix recent (3.5 cm × 2.5 cm) photograph Under section 139A of the Income Tax act, 1961 (3.5 cm × 2.5 cm) To avoid mistake (s), please follow the accompanying instructions and examples before filling up the form Assessing officer (AO code) Sign/leftTumb impression across this photo AO type AO No. Area code Range code Sir. Signature/Left Thumb Impression 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) as applicable Please select title, 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? No (please tick as applicable) Yes If yes, please give that other name Please select title, as applicable Shri Kumari M/s Smt. Last Name / Surname **First Name** Middle Name 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 Month Day Year 6 Father's Name (Only 'Individual' applicants: Even married women should fill in father's name only) Last Name / Surname First Name Middle Name 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 Country Name Pincode / Zip code 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 **Country Name** Pincode / Zip code

Residence

(Please tick as applicable)

Office

8 Address for Communication

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 Please mention your AADHAAR number (if allotted)
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 Paracountation Assesses (PA)
14 Representative Assessee (RA)
Full name, address of the Representative Assessee, who is assessible 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
4F December 1 house of a fide of the off (POI) December 1 field on (POA) and December 1 field of Detection (POA)
15 Documents submitted as Proof of Identity (POI), Proof of Address (POA) and Proof of Date of Birth
I/We have enclosed as proof of identity and
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
D D M M Y Y Y Y Signature / Left Thumb Impression of
Date Applicant (inside the box)