

**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]**

Under section 139A of the Income Tax act, 1961  
 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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**Assessing officer (AO code)**

Area code	AO type	Range code	AO No.

Sign/ 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

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 (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 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  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
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 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)