

**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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to affix recent  
photograph  
(3.5 cm x 2.5 cm)

**Assessing officer (AO code)**

Area code	AO type	Range code	AO No.

Sign/ leftThumb 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/date of birth/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
<input type="text"/>	<input type="text"/>	<input type="text"/>

**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 as 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

**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 <input type="text"/>		

**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, 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 status,  as applicable

<input type="checkbox"/> Salary	<input type="checkbox"/> Capital Gains
<input type="checkbox"/> Income from Business / Profession	<input type="checkbox"/> Income from Other sources
<input type="checkbox"/> Income from House property	<input type="checkbox"/> No income

Business/Profession code  [For Code: Refer instructions]

**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)