

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

Minor Photo with Parent Across Signature

Minor Photo Only

Assessing officer (AO code)

Area code			AO type	Range code			AO No.	
A	P	R	W		1	1	1	0 1

Pls Select your nearest City / Town / District

Below 18 Year Old Children

Male ← → **Female**

Parent Signature / Thumb Impression only

1 Full Name (Full expanded name to be mentioned as appearing in proof of identity/date of birth/address documents)

Please select title, as applicable

Shri Smt. Kumari M/s

Last Name / Sumame

A	B	C	D																
----------	----------	----------	----------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name

M	N	O	P	Q															
----------	----------	----------	----------	----------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle Name

X	Y	Z																	
----------	----------	----------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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 / Sumame

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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
0 1	0 1	0 0 0 1

Tick Either Male Or Female

6 Details of Parents (applicable only for individual applicants)

Father's Name (Mandatory)

Initials Are Not Permitted in Father Name Column (MD ,SK ,OM)

Last Name / Sumame

X	Y	Z																	
----------	----------	----------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name

A	B	C	D																
----------	----------	----------	----------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle Name

M	N	O	P	Q															
----------	----------	----------	----------	----------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mother's Name (optional)

ABCD MNOPQ XYZ ← **Father Name will display on Pancard**

Last Name / Sumame

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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.

D	O	O	R	N	O														
----------	----------	----------	----------	----------	----------	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of Premises / Building / Village

S	T	R	E	E	T	/	L	A	N	E									
----------	----------	----------	----------	----------	----------	----------	----------	----------	----------	----------	--	--	--	--	--	--	--	--	--

Road / Street / Lane/Post Office

C	O	L	O	N	Y														
----------	----------	----------	----------	----------	----------	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Area / Locality / Taluka/ Sub- Division

C	I	T	Y	/	T	O	W	N											
----------	----------	----------	----------	----------	----------	----------	----------	----------	--	--	--	--	--	--	--	--	--	--	--

Town / City / District

D	I	S	T	R	I	C	T												
----------	----------	----------	----------	----------	----------	----------	----------	--	--	--	--	--	--	--	--	--	--	--	--

State / Union Territory

Pincode / Zip code

Country Name

STATE NAME	1 2 3	4 5 6	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

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

Individual Hindu undivided family Company Partnership Firm Government 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 Aadhar number or the Enrolment ID of Aadhar application form as per section 139 AA

Please mention your AADHAAR number (if allotted) ← **MINOR AADHAR NO ONLY**

If AADHAAR number is not allotted, please mention the enrolment ID of Aadhaar application form

Name as per AADHAAR letter or 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 **Minor & Student**

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.

MALE FEMALE ← **Tick Either Male Or Female**

Full Name (Full expanded name): **Initial's 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 belief.

Place:

Date: ← **Ack Receipt Generated Date**

Parent Signature / Thumb Impression only

RED COLOURED DATA IS COMPULSORY, BLUE COLOURED DATA IS FOR AWARENESS