

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

Applicant
Photo
With Across
Signature

Applicant
Photo
Only

Assessing officer (AO code)

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

Applicant Signature /
Thumb Impression only

Pls select your
Nearest City / Town / District

Male Female Un-Married Women

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

Non - Individual Category Only

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

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First Name

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Middle Name

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4 Gender (for Individual applicants only)

Male Female Transgender

5 Date of Birth/Incorporation/Agreement/Partnership or Trust Deed/ Formation of Body of individuals or Association of Persons

Day	Month	Year
01	01	0001

Please Tick Which is applicable

6 Details of Parents (applicable only for individual applicants)

Father's Name (Mandatory.)

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 Panacard

Last Name / Sumame

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First Name

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Middle Name

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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.

DOOR NO

Name of Premises / Building / Village

STREET / LANE

Road / Street / Lane/Post Office

COLONY

Area / Locality / Taluka/ Sub- Division

CITY / TOWN

Town / City / District

DISTRICT

State / Union Territory

Pincode / Zip code

Country Name

STATE NAME	1	2	3	4	5	6	INDIA
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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	
<input checked="" type="checkbox"/> Residence <input type="checkbox"/> Office (Please tick as applicable)		
8 Address for Communication		
9 Telephone Number & Email ID details		
Country code	Area/STD Code	Telephone / Mobile number
9 1		9 8 7 8 6 5 4 3 2 9
Email ID franchiseemail@xmail.com		
(e-PAN Copy will send to the mail)		
10 Status of applicant		
Please select status, <input checked="" type="checkbox"/> as applicable		
<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Hindu undivided family	<input type="checkbox"/> Company
<input type="checkbox"/> Trusts	<input type="checkbox"/> Body of Individuals	<input type="checkbox"/> Local Authority
		<input type="checkbox"/> Partnership Firm
		<input type="checkbox"/> Artificial Juridical Persons
		<input type="checkbox"/> Government
		<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 Aadhar number or the Enrolment ID of Aadhar application form as per section 139 AA		
Please mention your AADHAAR number (if allotted) 1 2 3 4 1 2 3 4 1 2 3 4		
If AADHAAR number is not allotted, please mention the enrolment ID of Aadhaar application form		
1 2 3 4 1 2 3 4 5 1 2 3 4 5 DD MM Y Y Y H H S S MM		
Name as per AADHAAR letter or card or as per the Enrolment ID of Aadhaar application form		
A B C D M N O P Q X Y Z		
13 Source of Income		
Please select, <input checked="" type="checkbox"/> 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 checked="" 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, <input checked="" type="checkbox"/> as applicable		
<input type="checkbox"/> Shri	<input type="checkbox"/> Smt.	<input type="checkbox"/> Kumari
<input type="checkbox"/> 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 IDENTITY PROOF as proof of identity, ADDRESS PROOF		
as proof of address and DATE OF BIRTH PROOF 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]		
Male / Female		
16 I/We APPLICANT NAME, the applicant, in the capacity of HIM SELF / HER SELF		
do hereby declare that what is stated above is true to the best of my/our information and belief.		
Place :	CITY / TOWN / DISTRICT	Applicant Signature / Thumb Impression Only
Date :	DD MM Y Y Y Y 0 1 0 1 0 0 0 1	
Ack Receipt Generated Date		

RED COLOURED DATA IS COMPULSORY

BLUE COLOURED DATA IS FOR AWARENESS