## Only 'Individuals' to affix recent photograph (3.5 cm x 2.5 cm)

## 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)

Sign/Left Thumb impression across this photo

## Assessing officer (AO code) Area Code AO Type Range Code AO No.

across this photo																		Signa	ture/Le	ft Thun	nb Im	pressi	on
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																							
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Last Name / Surname										-						-	_			4			
First Name										-						-	_			-			
Middle Name																	_	_		ш			
2 Abbreviation of the above name, as you would like it, to be printed on the PAN card																							
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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 app	licabl	le	Sh	ri		S	mt.			Κυ	ımari			M	/ <sub>S</sub>							
Last Name / Surname																1							ĺ
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																							
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6 Father's Name (Only '	Indivi	dual' a	annlic	cants.	Even	marr	ied we	men	shou	ld fi	11 in t	Cathor	's na	m <i>e</i> on	Iv)								
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First Name								+	-		-			-	+								
Middle Name																							
7 Address																							
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Area/Locality/Taluka/S			1																				
Town / City / District																							
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Office Address																							
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State / Union Territory							110	cout	- / ZII	1	ic	COL	ши у	raill	,								

8 Address for Communication Residence			dence	Office					(.	(Please tick as applicable)							
9 Telephone Number & Email ID details																	
	Country Code	Area/S	TD Code	e			Teleph	one / l	Mobile N	umbe	Г						٦
Email ID	.4																
10 Status of applicar												Г					
Please select status, 🗹 as applicable												Ļ	G	overnn	nent		
Individual	Hindu undivi	oany		L	Par	rtnership	Firm Association of						f Persons				
Trusts Body of Individuals Local Authority Artificial Juridical Person Limited Liability Partnershi										ership							
11 Registration Num	ber (for compa	any, fir	ms, LL	Ps, etc.)													
12 In case of a citizen of India, then																	
Please mention yo	ur AADHAAR	number	(if allo	tted)													
13 Source of Income									Plea	se se	lect si	tatus,	<b>☑</b> as	appli	cable		
Salary												Γ	C	apital (	Gains		
Income from Business/Profession Business/Profession Code [For Code: Refer instructions] Income from Other sources												rces					
Income from House Property  No Income																	
14 Representative A																	
Full name, address o in the column 1-13.	ì	ive Asses	ssee, who	o is assess	able un	der the	Income	Tax A	Act in res	pect o	of the p	erson	, whose	e partio	ulars h	ave bee	en given
Full Name (Full e	xpanded name	: initial	s are n	ot permi	tted)												
Please select title,	<b>☑</b> as applical	ble	Shri		Sı	mt.		Κυ	ımari			M/s					
Last Name / Surna	me														П		
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						$\perp$											
15 Documents submi		f Identi	ity(POI	) and Pr	oof of	Addro	_ `	,									
I/We have enclose as proof of address							as p	oof o	f identit	y and	l						
[Please refer to the ir		ecified in	Rule 11	14 of I.T. I	Rules, 1	1962) fo	or list of	mand	latory cer	tified	docun	nents t	o be su	ıbmitte	ed as ar	plicable	e]
16 I/We					-		the a	pplic	ant, in th	ne cai	pacity	of					
do hereby declare	that what is state	ed abov	e is true	e to the b	est of	my/ou	-				,						
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Date											Sign				nb imp de the l	oression box)	n of