

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

**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/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  Transgender (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 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

Email ID

**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 or the Enrolment ID of Aadhaar application form as per section 139 AA**

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 or card or as per the Enrolment ID of Aadhaar application form

**13 Source of Income***Please select,  as applicable*

<input type="checkbox"/> Salary	<input type="checkbox"/> Capital Gains
<input type="checkbox"/> Income from Business / Profession     Business/Profession code <table border="1" style="width: 30px; height: 15px;"></table> [For Code: Refer instructions]	<input type="checkbox"/> Income from Other sources
<input type="checkbox"/> Income from House property	<input type="checkbox"/> 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 (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 :

D D M M Y Y Y Y

Signature / Left Thumb Impression of Applicant (inside the box)
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