

**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)

Only '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)**

Whether mother is a single parent and you wish to apply for PAN by furnishing the name of your mother only?

Yes  No (please tick as applicable)

If yes, please fill in mother's name in the appropriate space provide below.

**Father's Name (Mandatory except where mother is a single parent and PAN is applied by furnishing the name of mother only)**

Last Name / Surname

First Name

Middle Name

**Mother's Name (optional except where mother is a single parent and PAN is applied by furnishing the name of mother only)**

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)

Father's name  Mother's name (Please tick as applicable)

(In case no option is provided then PAN card will be issued with father's name except where mother is a single parent and you wish to apply for PAN by furnishing name of the mother only).

**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

|  |   |                    |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
|--|---|--------------------|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|
| <b>Office Address</b>  |   |                    |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
| Name of office   | <table border="1" style="width:100%; height: 20px;"></table>  |                    |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
| Flat / Room / Door / Block No.   | <table border="1" style="width:100%; height: 20px;"></table>  |                    |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
| Name of Premises / Building / Village  | <table border="1" style="width:100%; height: 20px;"></table>  |                    |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
| Road / Street / Lane/Post Office   | <table border="1" style="width:100%; height: 20px;"></table>  |                    |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
| Area / Locality / Taluka/ Sub- Division  | <table border="1" style="width:100%; height: 20px;"></table>  |                    |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
| Town / City / District   | <table border="1" style="width:100%; height: 20px;"></table>  |                    |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
| State / Union Territory  | <table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:50%; text-align: center;">Pincode / Zip code</td> <td style="width:50%; text-align: center;">Country Name</td> </tr> </table>  | Pincode / Zip code | Country Name  |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
| Pincode / Zip code   | Country Name  |                    |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:50%;"></td> <td style="width:50%;"></td> </tr> </table>   |   |                    |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
|  |   |                    |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
| <b>8 Address for Communication</b>   |   |                    |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Residence   | <input type="checkbox"/> Office   |                    |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
| (Please tick as applicable)  |   |                    |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
| <b>9 Telephone Number &amp; Email ID details</b>   |   |                    |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
| Country code   | Area/STD Code   |                    |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
| <table border="1" style="width: 30px; height: 20px;"></table>  | <table border="1" style="width: 100px; height: 20px;"></table>  |                    |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
| Telephone / Mobile number  |   |                    |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; height: 20px;"></table>   |   |                    |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
| Email ID   |   |                    |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; height: 20px;"></table>   |   |                    |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
| <b>10 Status of applicant</b>  |   |                    |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
| Please select status, <input checked="" type="checkbox"/> as applicable  |   |                    |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Individual  | <input type="checkbox"/> Hindu undivided family   |                    |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Trusts  | <input type="checkbox"/> Body of Individuals  |                    |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Company   | <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   |   |                    |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
| <b>11 Registration Number (for company, firms, LLPs etc.)</b>  |   |                    |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; height: 20px;"></table>   |   |                    |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
| <b>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</b>   |   |                    |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
| Please mention your AADHAAR number (if allotted) <table border="1" style="width: 150px; height: 20px;"></table>  |   |                    |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
| If AADHAAR number is not allotted, please mention the enrolment ID of Aadhaar application form   |   |                    |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; height: 20px;"></table>   |   |                    |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
| Name as per AADHAAR letter or card or as per the Enrolment ID of Aadhaar application form  |   |                    |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; height: 20px;"></table>   |   |                    |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
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| <b>13 Source of Income</b>   |   |                    |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
| Please select, <input checked="" type="checkbox"/> 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: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> [For Code: Refer instructions]   |                    |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Income from House property  | <input type="checkbox"/> Income from Other sources  |                    |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
|  | <input type="checkbox"/> No income  |                    |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
| <b>14 Representative Assessee (RA)</b>   |   |                    |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
| 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.  |   |                    |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
| <b>Full Name (Full expanded name : initials are not permitted)</b>   |   |                    |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
| 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  |   |                    |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; height: 20px;"></table>   |   |                    |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
| First Name   |   |                    |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; height: 20px;"></table>   |   |                    |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
| Middle Name  |   |                    |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
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| <b>Address</b>   |   |                    |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
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| Pincode  |   |                    |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
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|  |   |                    |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
| <b>15 Documents submitted as Proof of Identity (POI), Proof of Address (POA) and Proof of Date of Birth (POB)</b>  |   |                    |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
| I/We have enclosed <table border="1" style="width: 150px; height: 20px;"></table> as proof of identity, <table border="1" style="width: 150px; height: 20px;"></table>   |   |                    |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
| as proof of address and <table border="1" style="width: 150px; height: 20px;"></table> 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]   |   |                    |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
| <b>16</b> I/We <table border="1" style="width: 150px; height: 20px;"></table> , the applicant, in the capacity of <table border="1" style="width: 150px; height: 20px;"></table>   |   |                    |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
| do hereby declare that what is stated above is true to the best of my/our information and belief.  |   |                    |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
| Place :  | <table border="1" style="width: 150px; height: 20px;"></table>  |                    |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
| Date :   | <table border="1" style="width: 100px; height: 20px;"> <tr> <td style="width: 10px; text-align: center;">D</td> <td style="width: 10px; text-align: center;">D</td> <td style="width: 10px; text-align: center;">M</td> <td style="width: 10px; text-align: center;">M</td> <td style="width: 10px; text-align: center;">Y</td> <td style="width: 10px; text-align: center;">Y</td> <td style="width: 10px; text-align: center;">Y</td> <td style="width: 10px; text-align: center;">Y</td> </tr> <tr> <td style="width: 10px;"></td> <td style="width: 10px;"></td> <td style="width: 10px;"></td> <td style="width: 10px;"></td> <td style="width: 10px;"></td> <td style="width: 10px;"></td> <td style="width: 10px;"></td> <td style="width: 10px;"></td> </tr> </table> | D                  | D   | M | M | Y | Y | Y | Y |  |  |  |  |  |  |  |  |
| D  | D   | M                  | M   | Y | Y | Y | Y |   |   |  |  |  |  |  |  |  |  |
|  |   |                    |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; height: 60px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%; text-align: center;">Signature / Left Thumb Impression of Applicant (inside the box)</td> </tr> </table> |   |                    | Signature / Left Thumb Impression of Applicant (inside the box) |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
|  | Signature / Left Thumb Impression of Applicant (inside the box)   |                    |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |