Form No. 49AOnly 'Individuals' to affix recent photograph (3.5 cm x 2.5 cm)Image: Colspan="2">Form No. 49AApplication 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)																		
Assessing officer (AO code)       Sign/Left Thumb impression     Area Code     AO Type     Range Code     AO No.																											
Sign/Left Thumb impression	Ar	ea (	Code	Α	.О Т	ype	R	ang	e Co	de			<b>AO</b> 1	No.	<b>—</b>	_											_
across this photo																					Signat	ure/L	eft T	humb	Impres	sion	
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 expan				ma	ntio	nod (	16 91	nnar	rina	in r	raa	fofi	dan	tity/	addr	066	doer	ima	nte• i	initi	مادم	ra n	ot n	ormi	ittad)		
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Please select title, 🗹	as app	licab	ole		Shri	i			Smt				Kur	nari				M/s	5								
Last Name / Surname																							1				
First Name																											
Middle Name								_			_																
2 Abbreviation of the a	bove n	ame	, as y	ou v	voul	d like	e it,	to b	e pri	inted	l on	the l	PAN	l car	d												
																											_
3 Have you ever been k	nown l	by ai	ny otł	her 1	nam	e?		Yes	;		No						(P	Pleas	se tic	ek as	app	licab	le)				
If yes, please give that	other n	ame	-		i.				-							i		-									
Please select title, 🗹	as app	licab	ole		Shri	i			Smt				Kur	nari				M/s	5								
Last Name / Surname																						1					
First Name																											
Middle Name																											
4 Gender (for Individual	l applic	ants	only)	)				Mal	le		Fen	nale					(I	Pleas	se tic	ek as	app	licat	ole)				
5 Date of Birth/Incorpo	oration	/Agr	eeme	ent/F	Part	nersh	ip o	r T	rust	Deed	i/ Fe	orma	tion	l of I	Body	of i	ndiv	vidu	als o	r As	soci	atio	ı of	Pers	ons		
Day Mont	th		Yea	ar																							
6 Father's Name (Only	'Indivia	lual'	appli	cant	ts: E	ven n	ıarr	ied 1	wome	en sh	oula	l fill i	in fa	ther	's nar	ne o	nly)										
Last Name / Surname																											
First Name																											
Middle Name																											
7 Address																											
<b>Residence Address</b>			-							-			•														
Flat/Room/Door/Block			-							_	_																
Name of Premises/Bui Road/Street/Lane/Post	-	-	ge							_	_																
Area/Locality/Taluka/S			n			+	+			+	+	+			-+	+	+		+	+		+		+	+		
Town / City / District																											
State / Union Territory								Р	inco	de / 2	Zip o	code		Cou	intry	Nar	ne	1				-					
Office Address																											
Name of office																											
Flat/Room/Door/Block No.																											
Name of Premises/Building/Village																											
Area/Locality/Taluka/S			n			+	+			+	+		-			+	+			+		+		+	+		
Town / City / District																											
State / Union Territory         Pincode / Zip code         Country Name																											
										1	1	1	1														

8 Address for Communication	Residence	Office	(Please tick as applicable)							
9 Telephone Number & Email ID details										
Country Code Area	I/STD Code	Telephone / Mobile 1	Number							
10 Status of applicant										
Please select status,       ✓ as applicable         Individual       Hindu undivided fa         Trusts       Body of Individuals         11 Registration Number (for company, 1)	s Local Aut	Partnership nority Artificial J	Government         p Firm       Association of Persons         uridical Person       Limited Liability Partnership							
12 In case of a citizen of India, then										
Please mention your AADHAAR number (if allotted)										
13 Source of Income       Please select status, I as applicable										
Salary Income from Business/Profession Income from House Property 14 Representative Assessee (RA)	Business/Profession C	ode [For Code: Refe	er instructions] Capital Gains Income from Other sources 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 Last Name / Surname First Name Middle Name		Smt. Kumari	M/s							
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	Pi	ncode / Zip code								
15 Documents submitted as Proof of Ide	ntity(POI) and Proof	of Address (POA)								
I/We have enclosed as proof of address. [Please refer to the instructions (as specified 16 I/We do hereby declare that what is stated ab		, the applicant, in t	tified documents to be submitted as applicable]							
Place D D M M Y	V V V									
Date	Signature / Left Thumb impression of Applicant (inside the box)									