Form No. 49A	Form No. ITS 49A
Application for Allotment of Permanent Account Number	
Under Section 139A of the Income Tax Act, 1961 (To avoid mistake(s), please follow the accompanying instructions and examples carefully before f	Only'Individuals' to affix recent
To The Assessing Officer Area AO Range Code Type Code	AO photograph (3.5 cm x 2.5 cm)
Code Type Code Ward/ Circle	TNO.
Range	
Commissioner	
Sir,	
I/We hereby request that a permanent account number be allotted to me/us.  I/We give below necessary particulars:	Cignoture/Left Thursh
Full Name (Full expanded name : initials are not permitted)	Signature/ Left Thumb Impression
Please Tick vas applicable Shri Smt. Kumari M/s Last Name / Surname	First Name
Middle Name	<del> </del>
2 Name you would like printed on the card	
B Have you ever been known by any other name? Please Tick  as applicable Ye If yes, please give that other name	s No
(Full expanded name : initials are not permitted) Shri Smt. Kumari M/s Last Name / Surname	First Name
Middle Name	
4. Father's Name (Only 'Individual' applicants : Even married women should give father's nar	ne only)
Last Name / Surname	First Name
Middle Name	
5. Address R. Residential Address	
Flat/Door/Block No.	
Name of Premises / Building / Village	
Road / Street / Lane / Post Office	
Area / Locality / Taluka / Sub - Division	
Town / City / District State / Uni	on Territory Pin
O Office Address (Name of Office)	(Indicating PIN is mandatory)
O. Office Address (Name of Office)	(indicating Fire is mandatory)
Flat/Door/Block No.	
Name of Premises / Building / Village	
Thamson romode, building, vinings	
Road / Street / Lane / Post Office	
Area / Locality / Taluka / Sub - Division	
Town / City / District State / Unio	n Territory Pin
	(Indicating PIN is mandatory)
6. Address for communication Please Tick as applicable R o	r 0 🔲

STD Code Tel. No.	
7. Tel. No. email ID	
8. Sex (For 'Individual' Applicants only) Please Tick $\sqrt{}$ as applicable Male Female	
9. Status of the Applicant Please Tick √ as applicable	
Individual P Firm F Body of Individuals B	
Hindu Undivided Family H Association of Person A Local Authority L	
Company C Association of Persons (Trusts) T Aritificial Juridical Person J	
10. Date of Birth / Incorporation / Agreement / Partnership or Trust Deed / Formation of Body of Individuals/ Associastions of Persons	
11. Registration Number (In case of Firms, Companies etc.)	
12. Whether citizen of India ? Please Tick √ as applicable Yes  No  No	
13(a) Are you a salaried employee ? If yes, indicate Government Others	
Name of the Organisation where working	
(b) If you are enganged in a business/ profession, indicate nature of business or profession and fill the relevant code	
(c) If you are not covered by (a) or (b) above, indicate sources of income, if any	
14. Full name, address of the Representative Assessee, who is assessable under the Income Tax Act in respect of the person, whose particular	
have been given in column 1 to 13.  Full Name(Full expanded name : initials are not permitted) Please tick as applicable Shri Smt. Kumari M/s	
Last Name / Surname First Name	
Address	
Flat/Door/Block No.	
Name of Premises / Building / Village	
Road / Street / Lane / Post Office	
Area / Locality / Taluka / Sub - Division	
Town / City / District State / Union Territory Pin	
(Indicating PIN is mandatory)	
15. I/We have enclosed as proof of idenity and as	
proof of address	
I/We, the applicant, do hereby declare that what is stated above is true to the best of my/our information and belief.	
what is stated above is true to the best of myour information and benefit	
Verified today, the D D M M Y Y Y Y Y Signature/ Left Thumb Impression of Applicant (inside the box)	
Applicant (inside the box)	