Only 'Individuals'

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]

Only 'Individuals'

Sign / Left Thumb impression	ı
across this photo	l

	to affix recent photograph	mistak	e (s), լ			•		Se	entit e Ru nying	le 11	14				-	re fillii	ng up	the f	orm						to a	otogra 3.5 cm	cent aph			
(3.5 cm x 2.5 cm) Assessing office						О с	ode)																				2.5 cm		
	Г		rea code		AO type				e Range code					,	AO No.															
Sigr	n / Left Thumb impression				\top		T												1											_
	across this photo								!_										-											
Sir	۲,																													
I/V	Ve hereby request that	a perm	anent ad	ccour	nt nu	mbe	r be	allo	ottec	d to i	me/ι	IS.																		
I/V	Ve give below necessa	ry partio	culars:																			Sig	natur	e / Le	ft Thu	ımb I	mpre	ssion		
1	Full Name (Full expa	anded n	ame to	be m	enti	oned	d as	ар	pea	ring	in p	roo	f of	iden	ntity	/dat	e of	birt	h/ad	ldre	ss d	ocu	mei	nts:	initi	als	are	not p	ermit	ted
	Please select title,	as ap	plicable	9		Shri	i .			Smt		L	K	ıma	ri	L	M/	s												
	Last Name / Surname	e																												
	First Name																													
	Middle Name																													
2	Abbreviations of the	e above	name,	as y	ou w	oul(d lik	ce it	, to	be p	orint	ed	on t	he F	PAN	car	d													
3	Have you ever been	knowr	n by any	oth(er na	ame1	?			Ye	s			No)							(ple	ase	tick	as	арр	lica	ble)		
	If yes, please give that o	ther nan	ne		Shri												,													
	Please select title,	as ap	plicable)	Щ			Smt.			K	Kumari			M/	s									_					
	Last Name / Surname	Э																												
	First Name																													
	Middle Name				Ш					L			L															Ш		
4	4 Gender (for Individual applicants only									Ma	ale			Fe	mal	е						(ple	ase	tick	as	app	lica	ble)		
5	Date of Birth/Incorp	oration	/Agreer	ment	/Parf	tners	ship	o or	Tru	st D	eed	/ Fo	rma	tion	of	Bod	ly of	ind	ivid	uals	s or	Ass	ocia	atio	ı of	Per	son	s		
	Day Month		Year																											
6	Details of Parents (a	applica	ble only	/ for	indiv	/idua	al a	ppli	can	ts)																				
	Father's Name (Mar	ndatory	. Even n	narri	ed w	ome	en s	shou	ıld 1	fill ir	n fat	her'	's na	ame	onl	y)														
	Last Name / Surname	9																												
	First Name																													
	Middle Name																											Ш		
	Mother's Name (opt	ional)																												
	Last Name / Surname	e																												
	First Name																													
						T																								
	Middle Name							r father or mother which you may like to be printed on PAN card (<i>Select one only</i>)																						
		ither fat	her or m	nothe	r whi	ch y	ou r	L nay	like	to b	e pr	inte	d or	PAI	N ca	ırd (Sele	ct o	ne c	nly)										
						-									N ca	ırd (Sele	ect o	ne c	nly)										
	Select the name of e				ard v	-	e is	sue	d wi			.'s n	ame	·)	N ca	·	Sele				(as	appl	licab	ole)						
7	Select the name of e				ard v	will b	e is	sue	d wi			.'s n	ame	·)		·	Sele					appl	licat	ole)						
7	Select the name of e	provide			ard v	will b	e is	sue	d wi			.'s n	ame	·)		·	Sele					appl	licab	ole)						
7	Select the name of e (In case no option is	provide	d then P		ard v	will b	e is	sue	d wi			.'s n	ame	·)		·	Sele					аррі	licat	ole)						
7	Select the name of e (In case no option is Address Residence Address	provide	d then P		ard v	will b	e is	sue	d wi			.'s n	ame	·)		·	Sele					аррі	licat	ole)						
7	Select the name of e (In case no option is Address Residence Address Flat / Room / Door / B	provided lock No. uilding /	d then P		ard v	will b	e is	sue	d wi			.'s n	ame	·)		·	Sele					аррі	licab	ole)						
7	Select the name of e (In case no option is Address Residence Address Flat / Room / Door / B Name of Premises / B	provided lock No. uilding /	d then P Village		ard v	will b	e is	sue	d wi			.'s n	ame	·)		·	Sele					appi	licab	ple)						
7	Select the name of e (In case no option is Address Residence Address Flat / Room / Door / B Name of Premises / B Road / Street / Lane/F	provided lock No. uilding /	d then P Village		ard v	will b	e is	sue s na	d wi	ith fa	hther	M M	ame	·)		·	Sele					appl	licak	pole)						
7	Select the name of e (In case no option is Address Residence Address Flat / Room / Door / B Name of Premises / B Road / Street / Lane/P Area / Locality / Taluka	provide lock No. uilding / Post Offic a/ Sub- [d then P Village		ard v	will b	e is	sue s na	d wi	ith fa		M M	ame	·)	name	e	Sele	(Ple	ease			appi	licab	pole)						

	Office Address				_																
	Name of office																				
	Flat / Room / Door / Block No.																				
	Name of Premises / Building / Village																				
	Road / Street / Lane/Post Office														T						
	Area / Locality / Taluka/ Sub- Division														T						
	Town / City / District										T				Ť						
	State / Union Territory			Pino	ode	Zip co	de		Cou	ntry N	ame	;						-			
8	Address for Communication				Res	sidence	.			Offic	ce			(Ple	ase	tick	as ar	oplic	able	.)	
]] •				(- pc		,	
9	Telephone Number & Email ID details Country code Area/STD C	nde			Teler	hone /	Mohile	numh	er												
							IVIODIIC														
	Email ID													_							
40																					
10	Status of applicant															_					
	Please select status, 🗸 as applicable								•							Go	/ernn	nent			
	Individual Hindu undivide	ed family	,	C	ompa	iny			Part	nersh	ip Fi	rm				Ass	ociat	tion (of Pe	rson	S
	Trusts Body of Individ	duals		Lo	ocal A	uthority	/		Artif	icial J	uridi	cal F	erso	ns		Lim	ited I	Liabi	lity F	artne	ership
11	Registration Number (for company, fir	rms, LLF	s et	c.)																	
			Т		Т		Т	П	Т	Т		П	Т	Т	Т	7					
12	In case of a citizen of India, then																				
12		/:E = II = 44	1\ [_		1 1	_			Т	7									
40	Please mention your AADHAAR number	(it allotte	ea) [51			. [,.	
13	Source of Income													PI	eas	e sel	ect,	✓	as a	ppiic	able
	Salary														<u> </u>	Capita	l Gai	ns			
	Income from Business / Profession	Busine	ss/Pr	ofessio	n co	de		[For (Code:	Refe	r ins	truct	ons]		lı	ncom	e fror	n Ot	her s	ourc	es
	Income from House property] N	lo inc	ome				
14	Representative Assessee (RA)																				
	Full name, address of the Representative	e Assess	see, v	who is	asse	ssible u	nder th	e Inco	ome T	ax Ac	t in	respe	ect of	the p	ers	on, w	hose	par	ticula	ars ha	ave
	been given in the column 1-13.																				
	Full Name (Full expanded name : initia			ermitte	1		_														
	Please select title, 🗸 as applicable	Sh	ıri		Smt	· <u>L</u>	Kum	ari	Щ	M/s					_						
	Last Name / Surname	\perp	_	-														_			
	Last Name / Surname First Name																				
	First Name																				
	First Name Middle Name																				
	First Name Middle Name Address Flat / Room / Door / Block No.																				
	First Name Middle Name Address Flat / Room / Door / Block No. Name of Premises / Building / Village																				
	First Name Middle Name Address Flat / Room / Door / Block No. Name of Premises / Building / Village Road / Street / Lane/Post Office																				
	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																				
	First Name Middle Name Address Flat / Room / Door / Block No. Name of Premises / Building / Village Road / Street / Lane/Post Office			Pinc	code																
	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			Pinc	code																
15	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	ntity (PC				iracs (E	20A) a			f Date		Birth		B)							
15	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 Documents submitted as Proof of Idea	ntity (PC	DI), P		f Add			Г	oof o	f Date	e of	Birth	ı (DC	B)							
15	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 Documents submitted as Proof of Idea I/We have enclosed	ntity (PC	DDI), P		f Add	s proof	of iden	tity,			e of	Birth	ı (DC	B)							
15	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 Documents submitted as Proof of Idea I/We have enclosed as proof of address and			roof of	f Ad d	s proof	of iden	tity,	ate of	birth.											
	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 Documents submitted as Proof of Idea I/We have enclosed as proof of address and [Please refer to the instructions (as spec			roof of	f Add	s proof a ules, 19	of iden as proo 962) for	tity, [f of da	ate of	birth.					ts to	o be	subm	itted	as a	applid	able]
	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 Documents submitted as Proof of Idea I/We have enclosed as proof of address and [Please refer to the instructions (as specially speci	ified in F	Rule 1	l14 of	Add	s proof aules, 19 applica	of iden as proo 962) for nt, in th	tity, [f of da list one cap	ate of f mar	birth.					ts to	o be	subm	itted	as a	applic	able]
	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 Documents submitted as Proof of Idea I/We have enclosed as proof of address and [Please refer to the instructions (as spec	ified in F	Rule 1	l14 of	Add	s proof aules, 19 applica	of iden as proo 962) for nt, in th	tity, [f of da list one cap	ate of f mar	birth.					ts to	o be	subm	itted	as a	applic	eable]
	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 Documents submitted as Proof of Idea I/We have enclosed as proof of address and [Please refer to the instructions (as specially speci	ified in F	Rule 1	l14 of	Add	s proof aules, 19 applica	of iden as proo 962) for nt, in th	tity, [f of da list one cap	ate of f mar	birth.					ts to	o be	subm	iitted	as a	applic	able]
	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 Documents submitted as Proof of Idea I/We have enclosed as proof of address and [Please refer to the instructions (as specified by the second of the second o	ified in F	Rule 1	l14 of	Add	s proof aules, 19 applica	of iden as proo 962) for nt, in th	tity, [f of da list one cap	ate of f mar	birth.					tts to	o be	subm	itted	as as a	applic	eable]
	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 Documents submitted as Proof of Idea I/We have enclosed as proof of address and [Please refer to the instructions (as specified) I/We do hereby declare that what is stated above	ified in F	Rule 1	l14 of	Add	s proof aules, 19 applica	of iden as proo 962) for nt, in th	tity, [f of da list one cap	ate of f mar	birth.			d doc								able]