Form No. 49A

	Only 'Individuals' to affix récent photograph (3.5 cm x 2.5 cm)		Application for Allotment of Permanent Account Number [In the case of Indian Citizens/Indian Companies/Entities incorporated in India/ Unincorporated entities formed in India] Assessing officer (AO code)																Only 'Individuals' to affix recent photograph (3.5 cm x 2.5 cm)												
	,		Ass	essing	offi	icer	(AO	cod	e)											_										,	
			A	rea coo	de		_	AO t	уре		ı	Rang	ge c	ode			A) No).												
Sig	n/ Left Tumb impression across this photo																														
Sir	, I/We hereby reques	st that	ар	ermane	ent a	ассо	unt i	numb	er b	e all	ottec	to n	ne/u	s.																	
I/V	//We give below necessary particulars: Signature/Left Thu															t Thu	humb Impression														
1																rmit	tted)														
	Please select title, ✓ as applicable Shri Smt. V Kumari M/s																														
	Last Name / Surnar																														
	First Name H A R I N I																														
	Middle Name P R A B H A																														
2																															
	HARIN	II		PR	A	В	Н	A		В	T			Т					Т		Т			Т			\top	П	\top		\top
	11 11 10 1 10	+-			123	+	111	111												\top			\top	+			+	\dashv	+		+
	Have you ever been known by any other name? Yes V No (please tick as appl														lica	able'	<u> </u>														
3																(10.0	тементин ин ирригийн														
3	-			-	-													If yes, please give that other name Please select title, ✓ as applicable Shri Smt. Kumari M/s													
3	If yes, please give tha	t other	nan	ne	le		s	hri			Smt	ı		Ku	mar	i		M/	3												
3	If yes, please give that Please select title,	t other	nan	ne	le		s	Shri	[Smt			Ku	mar	i] M/	s										T		
3	If yes, please give that Please select title, Last Name / Surnar	t other	nan	ne	le		s	Shri	[Smt			Ku	mar	i		M/	5										<u></u>		
3	If yes, please give that Please select title, Last Name / Surnar First Name	t other	nan	ne	le		s	Shri			Smt			Ku	mar	i		M/	6												
	If yes, please give that Please select title, Last Name / Surnar First Name Middle Name	t other a ne	nan	ne oplicabl			S	Shri										M/					(-1-		4i ali						
4	If yes, please give that Please select title, [Last Name / Surnar First Name Middle Name Gender (for Individual)	t other ane	nan Is ap	ne oplicabl	onl						Ma	ıle		√	Fei	male			Tra										able)		
	If yes, please give that Please select title, Last Name / Surnar First Name Middle Name	t other ane dual a	nan Is ap	ne oplicabl	onl				ip oı	Tru	Ma	ıle	/ Fo	√	Fei	male			Tra										•		
4	If yes, please give that Please select title, Last Name / Surnar First Name Middle Name Gender (for Individual Date of Birth/Incol Day Month	t other anne dual a	app tior	ne pplicable pplicable place p	onl eme	nt/P	artn	ersh			Ma Ist D	ıle eed		rma	Fei	male of E	3od	y of	Tra	ivic	lual	s or							•		
4 5	If yes, please give that Please select title, Last Name / Surnar First Name Middle Name Gender (for Individual Date of Birth/Incorpay Month 0 8 0 5	t other dual a rpora	app tior	ne pplicable pplicable place p	onl eme	nt/P	artn	ersh			Ma Ist D	ıle eed		rma	Fei	male of E	3od	y of	Tra	ivic	lual	s or							•		
4 5	If yes, please give that Please select title, Last Name / Surnar First Name Middle Name Gender (for Individual Date of Birth/Incorpay Month 0 8 0 5 Father's Name (Or	t other dual a rpora	app tior	ne pplicable pplicable place p	onl eme	nt/P	artn	ersh	n ma	arrie	Ma Ist D	ıle eed		rma	Fei	male of E	3od	y of	Tra	ivic	lual	s or							•		
4 5	If yes, please give that Please select title, Last Name / Surnar First Name Middle Name Gender (for Individual Date of Birth/Incology Month 0 8 0 5 Father's Name (Or Last Name / Surnar First Name Middle Name	t other dual a rpora	as appution	ne pplicable pplicable place p	onl eme	nt/P	artn	ersh	n ma	arrie	Ma Ist D	ıle eed		rma	Fei	male of E	3od	y of	Tra	ivic	lual	s or							•		
4 5	If yes, please give that Please select title, Last Name / Surnar First Name Middle Name Gender (for Individual Date of Birth/Incorpay Month 0 8 0 5 Father's Name / Surnar First Name / Surnar First Name Middle Name Mother's Name (o	t other dual a rpora	as appution	ne pplicable pplicable place p	onl eme	nt/P	artn	ersh	n ma	arrie	Ma Ist D	ıle eed		rma	Fei	male of E	3od	y of	Tra	ivic	lual	s or							•		
4 5	If yes, please give that Please select title, Last Name / Surnar First Name Middle Name Gender (for Individual Date of Birth/Incorday Month 0 8 0 5 Father's Name (Or Last Name / Surnar First Name Middle Name Mother's Name (or Last Name / Surnar	t other dual a rpora	as appution	ne pplicable pplicable place p	onl eme	nt/P	artn	ersh	n ma	arrie	Ma Ist D	ıle eed		rma	Fei	male of E	3od	y of	Tra	ivic	lual	s or							•		
4 5	If yes, please give that Please select title, Last Name / Surnar First Name Middle Name Gender (for Individual Date of Birth/Incorpay Month 0 8 0 5 Father's Name (Or Last Name / Surnar First Name Middle Name Mother's Name (or Last Name / Surnar First Name	t other dual a rpora	as appution	ne pplicable pplicable place p	onl eme	nt/P	artn	ersh	n ma	arrie	Ma Ist D	ıle eed		rma	Fei	male of E	3od	y of	Tra	ivic	lual	s or							•		
4 5	If yes, please give that Please select title, Last Name / Surnar First Name Middle Name Gender (for Individual Date of Birth/Incorday Month 0 8 0 5 Father's Name (Or Last Name / Surnar First Name Middle Name Mother's Name (or Last Name / Surnar	t other dual a rpora inne ption me	app app tion 2	licants n/Agree Year 0 0	onl eme 0	nt/P	artn	Ever	n ma	A	Masst D	pmer	n sh	v v	Fei tion	male of E	3od	er's	Tra	ne (lual	s or							•		

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

7	0	4		F		9		,		G	А	N	D	Н	I	N	А	G	А	R		
M	Α	L	Α	Y	Α	D	I	Р	Α	Т	Т	I										
R	Α	J	Α	Р	Α	L	Α	Y	Α	М												

(Please tick as applicable)

Mother's Name

 State / Union Territory
 Pincode / Zip code
 Country Name

 TAMIL NADU
 6 2 6 1 1 7 | INDIA

√ Father's 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

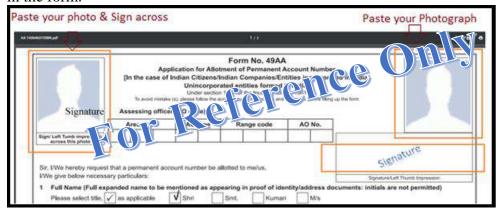
8	Address fo	Residence Off								fice (Please tick as a								applicable)							
9	Telephone	Number & Email ID de	tails																						
			ea/STE	Cod	е		, ,			_	phone								_						
		9 1						9 4	8 1	3 6	5 9	2	3	0 4	4 4										
I	Email ID	harinibaskar8	35@g1	mail	1.0	com																			
10 S	Status of a	pplicant																							
1	Please sele	ect status, 🗸 as applic	cable																		Gov	ernm	ent		
	Individ	dual Hindu ur	ndivide	d fam	ily	Г	Co	mpar	ıy				Pai	rtner	ship	Firm	า				Asso	ociatio	on o	f Per	sons
[Trusts	Body of	Individ	uals		Ē	_ _ 	cal Aı	ıtho	ritv			Arti	ificia	l Juri	dica	ıl Pe	rson	s		Limi	ted Li	ahili	ity Pa	artnership
11 I		on Number (for compa			LPs	∟ s etc.				,] ,							ш				.,	ao. op
			Ī	Ť			, 									T									
12 li	n Case of	a person, who is requir	ed to	quote	e Aa	adha	ar nui	nber/	The	En	rolme	nt ID	of A	Aadh	aar a	рр	licat	ion 1	orm	as p	oer s	ectio	n 13	9 A A	١
F	Please men	tion your AADHAAR nur	nber (i	f allot	ted)																			
If	f aadhaaf	R number is not allotted,	please	men	tion	the	enrolr	nent I	D of	Aad	dhaar	applio	catio	n for	rm										
		44DH44DH (()			Ļ	<u> </u>			<u> </u>		Щ.		\perp												
N	name as pe	er AADHAAR letter/card	or as p	er the	e ⊨r	nroim	ent IL	OTA	adna	aara T	applica	tion	iorm				1							7	
			\vdash	+	\vdash				<u> </u>			+	+	+	+			<u> </u>						1	
			\vdash	+	+			+	1			+	+	+	+	<u> </u>					+			┪	
13	Source	of Income			!							_				<u> </u>		I	DIO.	200	solor	<u> </u>	7,	J sc.on	plicable
	3 Source of Income Please select, ✓ as app Salary Capital Gains															plicable									
	Income from Business / Profession Business/Profession code [For Code: Refer instructions] Income from Other															or so	nurcas								
															Our	101 30	Juices								
	Income from House property ✓ No income 14 Representative Assessee (RA)																								
	14 Representative Assessee (RA) Full name, address of the Representative Assessee, who is assessible under the Income Tax Act in respect of the person, whose particulars have																								
		in the column 1-13.	ntative	Asse	SSE	ee, wi	10 IS 8	isses	SIDIE	und	der the	HICC	ome	iax	ACI II	ı res	spec	lori	ne p	erso	n, wr	iose į	oaru	cuiai	rs nave
	Full Name (Full expanded name : initials are not permitted)																								
		ect title, 🗸 as applicab			Shri	-		Smt.			Kum	ari		M/s	2										
		/ Surname	.0	<u> </u>	J		\top	T		$\frac{L}{T}$] . tai.i.	T	Ι],		Т	Т								
	First Name															1	+	+							
	Middle Nar															1	$\overline{}$	1							
	Address																								
I	Flat / Roon	n / Door / Block No.														4	4	_							
١	Name of P	remises / Building / Villa	ge		4											4	_	_	_					_	
		eet / Lane/Post Office			_		+				_					4	+	_	+	+				_	
		ality / Taluka/ Sub- Divisio	on		\dashv				_							+	+	+	+	+				<u> </u>	
	Town / City						D:																		
[State / Unit	on Territory					Pinc	ode																	
45.				14. 7=	~	_				/FC	<u> </u>				4	г.	41. 47								
15 D	ocuments	s submitted as Proof of	fldent	ity (P	OI)	, Pro	of of A	Addre _	ess ((PO	A) and	l Pro	of o	f Da	te of	Bir	th ([ОВ)						
	I/We have	enclosed Copy of aadhaa	r card					as	pro	of o	f ident	ity, [Сору	of aa	adhaa	r car	d								
;	as proof of	address and Copy of AA	DHAAF	R Card						as	proof	of da	ate o	of birt	h.										
1	[Please ref	er to the instructions (as	specif	ied in	Ru	ıle 11	4 of I	T. Ru	les,	196	2) for	list o	of ma	andat	tory c	ertif	fied	docu	ment	s to	be s	ubmit	ted a	as a	pplicable]
	[Annexure A	A, Annexure B & Annexure	e C are	to be	use	ed wh	ereve	r appl	cabl	e]															
16	I/We HAR	INI PRABHA B						the a	ppli	cant	t, in th	e cap	acit	y of	H:	Ĺms	sel	f/	Her	îse	lf				
(do hereby	declare that what is state	ed abo	ve is t	true	to th	e bes	t of m	y/ou	ır int	format	ion a	ınd b	elief											
ı	Place :	RAJAPALAYAM																							
,																									
		D D M M Y `	ΥΥ	Υ																					
I	Date :																								
7061	1784563							L				Sig	ınatı	ure (of Ap	plio	cant	(Ins	ide	the	Box)				
, 50																									



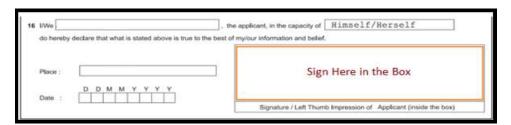
INSTRUCTIONS

Please refer the following steps after Application Form is downloaded and printed.

1. Once the Application Form is downloaded you should print the same, attach your recent, coloured Passport size (3.5cm X 2.5cm) photographs on the prescribed boxes in the form.



Kindly Sign Across the 'Left' photograph (signature should not be done on the face). Sign beneath the 'Right' Photograph in the box provided.



- 2. If the applicant is unable to sign and choose to put a thumb impression, then the same should be attested by Notary on the form. Make sure that Thumb impression or Notary stamp should not be on the right photograph.
- 3. Once the form is duly signed and photograph is attached on the form, it should be sent along with self-attested document proofs for Identity, Address and Date of Birth by Courier/Speed post to the mentioned address i.e.

The Manager, PANIND Services Unit, No. 5, Site 4, Vikaspuri, New Delhi-110018 India

- 4. The PAN Application process would start once we receive the duly signed form along with all the document proofs.
- 5. You would be intimated by an email your Coupon/Ack number after receiving the signed application form along with ID Proof, DOB Proof and Address Proof.