

<div>Only 'Individuals' to affix recent photograph (3.5 cm x 2.5 cm)</div>		<div>Form No. 49A</div> <div>Application for Allotment of Permanent Account Number</div> <div>[In the case of Indian Citizens/Indian Companies/Entities incorporated in India /Unincorporated entities formed in India]</div> <div>Under section 139A of the Income Tax Act, 1961</div> <div>To avoid mistake(s), please follow the accompanying instructions and examples before filling up the form</div>										<div>Only 'Individuals' to affix recent photograph (3.5 cm x 2.5 cm)</div>			
		Assessing officer (AO code)													
Sign/Left Thumb impression across this photo		Area Code		AO Type		Range Code		AO No.							
Sir, I/We hereby request that a permanent account number be allotted to me/us. I/We give below necessary particulars:														Signature/Left Thumb Impression	
1 Full Name (Full expanded name to be mentioned as appearing in proof of identity/address documents: initials are not permitted)															
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															
First Name															
Middle Name															
2 Abbreviation 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? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please tick as applicable)															
If yes, please give that other name															
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															
First Name															
Middle Name															
4 Gender (for Individual applicants only) <input type="checkbox"/> Male <input type="checkbox"/> Female (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 Father's Name (Only 'Individual' applicants: Even married women should fill in father's name only)															
Last Name / Surname															
First Name															
Middle Name															
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									
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 for Communication	<input type="checkbox"/> Residence	<input type="checkbox"/> Office	(Please tick as applicable)
9 Telephone Number & Email ID details			
Country Code	Area/STD Code	Telephone / Mobile Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email ID	<input type="text"/>		
10 Status of applicant			
Please select status, <input checked="" type="checkbox"/> as applicable			
<input type="checkbox"/> Individual	<input type="checkbox"/> Hindu undivided family	<input type="checkbox"/> Company	<input type="checkbox"/> Partnership Firm
<input type="checkbox"/> Trusts	<input type="checkbox"/> Body of Individuals	<input type="checkbox"/> Local Authority	<input type="checkbox"/> Artificial Juridical Person
			<input type="checkbox"/> Government
			<input type="checkbox"/> Association of Persons
			<input type="checkbox"/> Limited Liability Partnership
11 Registration Number (for company, firms, LLPs, etc.)			
<input type="text"/>			
12 In case of a citizen of India, then			
Please mention your AADHAAR number (if allotted) <input type="text"/>			
13 Source of Income		Please select status, <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 <input type="text"/>	<input type="checkbox"/> Income from Other sources	
<input type="checkbox"/> Income from House Property		<input type="checkbox"/> 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, <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	<input type="text"/>		
First Name	<input type="text"/>		
Middle Name	<input type="text"/>		
Address			
Flat/Room/Door/Block No.	<input type="text"/>		
Name of Premises/Building/Village	<input type="text"/>		
Road/Street/Lane/Post Office	<input type="text"/>		
Area/Locality/Taluka/Sub-Division	<input type="text"/>		
Town / City / District	<input type="text"/>		
State / Union Territory	<input type="text"/>		
	Pincode / Zip code <input type="text"/>		
15 Documents submitted as Proof of Identity(POI) and Proof of Address (POA)			
I/We have enclosed <input type="text"/> as proof of identity and <input type="text"/> as proof of address.			
[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]			
16 I/We <input type="text"/> , the applicant, in the capacity of <input type="text"/>			
do hereby declare that what is stated above is true to the best of my/our information and belief.			
Place	<input type="text"/>		
Date	<div style="display: flex; justify-content: space-around;"> DDMMYYYY </div> <input type="text"/>		
			Signature / Left Thumb impression of Applicant (inside the box)