# Only 'Individuals' to affix recent photograph (3.5 cm x 2.5 cm)

# 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]

See Rule 114

To avoid mistake (s), please follow the accompanying instructions and examples before filling up the form

Assessing	officer	(AO	code)

Only 'Individuals' to affix recent photograph (3.5 cm x 2.5 cm)

																		_											
		_ A	rea co	de		AO	typ	е		Ran	ge c	ode	!		AC	No													
Sign	/ Left Thumb impression																	1											
	across this photo		!	1												1		-											
Sir,	,																												
	/e hereby request the			acco	unt ทเ	umber	be	allott	ed to	me/ι	JS.																		
I/V\	le give below necess	· ·																L							umb l	•			
1	Full Name (Full ex	oanded	name to	o be	ment	ioned	l as	appe	aring	in p	roo	f of i	ident	ity/	date	of I	birth	n/ad	dres	ss d	ocu	mer	nts:	initi	ials :	are i	not <sub>l</sub>	perm	itted
	Please select title,	<b>√</b> as a	pplicab	le		Shri			Sm	t.		] Kı	ımari			M/s	3												
	Last Name / Surnar	ne																											
	First Name																												
	Middle Name																												
2	Abbreviations of t	he ahov	e name	2 25	VOLLA	would	l lik	e it t	o he	nrin	ted o	on ti	ne P/	N (	card														
_	Abbreviations of t		T	-, uo	, Juli	T	- III	<del>-                                      </del>	T	<b>P</b>		- T	10 17					_			_			_					
				+	$\vdash$	+	+	+		_	4	4	+	+		+	-	+	4	+	_	+	4	4	4	4	4	-	-
		Ш	$\perp \perp$		Ш		$\perp$	<u>_</u>	Щ		$\perp$	$\perp$	$\perp$	$\perp$			$\perp$	$\perp$	$\perp$	$\perp$		$\perp$	$\perp$		$\perp$	$\perp$	$\perp$		
3	Have you ever bee	n know	n by ar	ny ot	her n	ame?	•		Y	es			No							-	(ple	ase	tick	as	app	lica	ble)		
	If yes, please give tha		me		_	1			7			_			_	ı													
	Please select title,	<b>√</b> as a	pplicab	le		Shri			Sm	t		_Kι	ımari			M/s	3												
	Last Name / Surnar	ne																											
	First Name																												
	Middle Name																												
4	Gender (for Individ	dual and	nlicants	: only	v)	$\Box$	M:	ale		, Te	ema	ماد		Π'	Trar	ne ne	nde				(nle	256	tick	28	арр	lica	hle)		
							J							_															
5	Date of Birth/Incom	poratio		emer	nt/Par	rtners	snip	or II	rust i	Jeea	/ FO	rma	tion	OT E	soay	/ OT	ına	IVIA	uais	or	ASS	ocia	atior	1 OT	Per	son	S		
	Day Month																												
	Day Month	- I	Year		1																								
	Day Workin		Year		]																								
6	Details of Parents		able on																										
6	Details of Parents Whether mother is	a single	able on	and y	ou wi					by fu	urnis	shing	j the	nam	ne of	f you	ur m	othe	er or	nly?									
6	Details of Parents Whether mother is Yes No (	a single olease ti	able on parent a	and y	/ou wi able)	ish to	арр	ly for	PAN				j the	nam	ne o	f you	ur m	othe	er or	ıly?									
6	Details of Parents Whether mother is Yes No ( If yes, please fill in	a single olease ti mother's	able on parent a ck as ap s name i	and y pplication the	/ou wi able) e appr	ish to ropria	app te s <sub>l</sub>	ly for pace	PAN provi	de be	elow.	<b>.</b>										mo	of m	a a <b>t</b> l	205	anlı	,		
6	Details of Parents Whether mother is Yes No ( If yes, please fill in Father's Name (Ma	a single olease ti mother's andator	able on parent a ck as ap s name i	and y pplication the	/ou wi able) e appr	ish to ropria	app te s <sub>l</sub>	ly for pace	PAN provi	de be	elow.	<b>.</b>									e na	me	of m	noth	ner d	on <b>l</b> y	)		
6	Details of Parents Whether mother is Yes No ( If yes, please fill in Father's Name (Ma	a single olease ti mother's andator	able on parent a ck as ap s name i	and y pplication the	/ou wi able) e appr	ish to ropria	app te s <sub>l</sub>	ly for pace	PAN provi	de be	elow.	<b>.</b>									e na	me	of m	noth	ner d	only	)		
6	Details of Parents Whether mother is Yes No ( If yes, please fill in Father's Name (Ma	a single olease ti mother's andator	able on parent a ck as ap s name i	and y pplication the	/ou wi able) e appr	ish to ropria	app te s <sub>l</sub>	ly for pace	PAN provi	de be	elow.	<b>.</b>									e na	me	of m	noth	ner d	only	)		
6	Details of Parents Whether mother is Yes No ( If yes, please fill in Father's Name (Material Name / Surnar First Name Middle Name	a single olease ti mother's andator	able on parent a ck as ap s name i y excep	and y pplica in the	you wi able) e appr nere n	roprianothe	app	pace a sin	provi	de be	elow.	nd P	AN is	ар	plie	d by	/ fui	rnis	hing	g the							)		
6	Details of Parents Whether mother is Yes No ( If yes, please fill in Father's Name (Material Name / Surnar First Name Middle Name Mother's Name (or	a single blease ti mother's andator ne	able on parent a ck as ap s name i y excep	and y pplica in the	you wi able) e appr nere n	roprianothe	app	pace a sin	provi	de be	elow.	nd P	AN is	ар	plie	d by	/ fui	rnis	hing	g the							)		
6	Details of Parents Whether mother is Yes No ( If yes, please fill in Father's Name (Ma Last Name / Surnar First Name Middle Name Mother's Name (o Last Name / Surnar	a single blease ti mother's andator ne	able on parent a ck as ap s name i y excep	and y pplica in the	you wi able) e appr nere n	roprianothe	app	pace a sin	provi	de be	elow.	nd P	AN is	ар	plie	d by	/ fui	rnis	hing	g the							)		
6	Details of Parents Whether mother is Yes No ( If yes, please fill in Father's Name (Material Name / Surnar First Name Middle Name Mother's Name (or	a single blease ti mother's andator ne	able on parent a ck as ap s name i y excep	and y pplica in the	you wi able) e appr nere n	roprianothe	app	pace a sin	provi	de be	elow.	nd P	AN is	ар	plie	d by	/ fui	rnis	hing	g the							)		
6	Details of Parents Whether mother is  Yes No ( If yes, please fill in Father's Name (Mather's Name / Surnar First Name Middle Name Mother's Name (or Last Name / Surnar First Name	a single blease ti mother's andator ne  otional one	able on parent a ck as ap s name i y excep	pplication the state of the sta	you wi able) e appr nere m	ropriar nothe	app	pace a singl	provingle p	de be	and	PAN	AN is	apppl	lied	d by	/ fu	ishi	hing ng t	g the							)		
6	Details of Parents Whether mother is Wes, please fill in Father's Name (Mast Name / Surnar First Name Middle Name Mother's Name (o Last Name / Surnar First Name Middle Name Middle Name Select the name of	a single blease ti mother's andator ne  otional one	able on parent a ck as ap a name is name is y except	pplica in the ot wh	re mo	ropriar nothe	app	pace a sin single	PAN  provii	de be	and	PAN	AN is	apppl	lied	d by	/ fu	ishi	hing ng t	g the									
6	Details of Parents Whether mother is  Yes No ( If yes, please fill in Father's Name (Material Name / Surnar First Name Mother's Name (o) Last Name / Surnar First Name Middle Name Middle Name Middle Name Select the name of Father's name	a single please ti mother's andator ne  ptional one	able on parent a ck as ap a name if y except where or a latter or	moth er's i	re mo	ropria nothe	app	pace a sin	PAN  provi	rent be pi	and	PAN	AN is	s ap	lied	by f	y full	ishi	ng t	the r	nam	e of	f mo	the	r on	ly)			
6	Details of Parents Whether mother is  Yes No ( If yes, please fill in Father's Name (Materical Name / Surnar First Name Middle Name Mother's Name (o) Last Name / Surnar First Name Middle Name Select the name of Father's name (In case no option i	a single please ti mother's andator ne  otional one either fa	able on parent a ck as ap a name if y except whether or a Moth ed then	and y pplica in the <b>t wh</b> wher moth er's I	able) apprinter mo are mo are wh name card	ropria nothe	app	pace a sin	PAN  provi	rent be pi	and	PAN	AN is	s ap	lied	by f	y full	ishi	ng t	the r	nam	e of	f mo	the	ron	ly)		IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	r PAN
	Details of Parents Whether mother is Yes No ( If yes, please fill in Father's Name (Mathematical Mane) Mother's Name (or Last Name / Surnar First Name Middle Name Middle Name Middle Name Select the name of Father's name (In case no option i by furnishing name	a single please ti mother's andator ne  otional one either fa	able on parent a ck as ap a name if y except whether or a Moth ed then	and y pplica in the <b>t wh</b> wher moth er's I	able) apprinter mo are mo are wh name card	ropria nothe	app	pace a sin	PAN  provi	rent be pi	and	PAN	AN is	s ap	lied	by f	y full	ishi	ng t	the r	nam	e of	f mo	the	ron	ly)		ll lly for	r PAN
7	Details of Parents Whether mother is Wes, please fill in Father's Name (Mast Name / Surnar First Name Middle Name Mother's Name (or Last Name / Surnar First Name Middle Name Select the name of Father's name (In case no option iby furnishing name	a single olease timother's andator ne otional one either fa	able on parent a ck as ap a name if y except whether or a Moth ed then	and y pplica in the <b>t wh</b> wher moth er's I	able) apprinter mo are mo are wh name card	ropria nothe	app	pace a sin	PAN  provi	rent be pi	and	PAN	AN is	s ap	lied	by f	y full	ishi	ng t	the r	nam	e of	f mo	the	ron	ly)		Dily fol	r PAN
	Details of Parents Whether mother is  Yes No ( If yes, please fill in Father's Name (Material Name / Surnar First Name Middle Name Mother's Name (o) Last Name / Surnar First Name Middle Name Select the name of Father's name (In case no option i by furnishing name Address Residence Address	a single olease to mother's andator ne otional one either fa	able on parent a ck as ap a name is name if y except when ther or mother or mother of the control of the contro	and y pplica in the <b>t wh</b> wher moth er's I	able) apprinter mo are mo are wh name card	ropria nothe	app	pace a sin	PAN  provi	rent be pi	and	PAN	AN is	s ap	lied	by f	y full	ishi	ng t	the r	nam	e of	f mo	the	ron	ly)		Dily fol	r PAN
	Details of Parents Whether mother is Yes No ( If yes, please fill in Father's Name (Mather's Name / Surnar First Name Middle Name Mother's Name (or Last Name / Surnar First Name Middle Name Select the name of Father's name (In case no option in by furnishing name Address Residence Address Flat / Room / Door /	a single blease timother's andatory ne botional continuation of the management of th	able on parent a ck as ap a name if y except whether or Moth ed then nother o	and y pplica in the <b>the</b> when moth er's r PAN nly)'.	able) apprinter mo are mo are wh name card	ropria nothe	app	pace a sin	PAN  provi	rent be pi	and	PAN	AN is	s ap	lied	by f	y full	ishi	ng t	the r	nam	e of	f mo	the	ron	ly)		ll	r PAN
	Details of Parents Whether mother is  Yes No ( If yes, please fill in Father's Name (Material Name / Surnar First Name Middle Name Mother's Name (o) Last Name / Surnar First Name Middle Name Select the name of Father's name (In case no option i by furnishing name Address Residence Address Flat / Room / Door / Name of Premises /	a single olease to mother's andator one otional one either factor of the most of the most of the most of the most olease block No. Building	able on parent a ck as ap a name if y except where or more mother or on the control of the contr	and y pplica in the <b>the</b> when moth er's r PAN nly)'.	able) apprinter mo are mo are wh name card	ropria nothe	app	pace a sin	PAN  provi	rent be pi	and	PAN	AN is	s ap	lied	by f	y full	ishi	ng t	the r	nam	e of	f mo	the	ron	ly)			r PAN
	Details of Parents Whether mother is Yes No ( If yes, please fill in Father's Name (Materia Name / Surnar First Name Middle Name Mother's Name (or Last Name / Surnar First Name Middle Name Select the name of Father's name (In case no option i by furnishing name Address Residence Address Flat / Room / Door / Name of Premises / Road / Street / Lane	a single olease timother's andatory ne obtional one either fa sprovide of the moss Block No Building /Post Off	able on parent a ck as ap a name if y except whether or many the control of the c	moth when PAN nly)'.	able) apprinter mo are mo are wh name card	ropria nothe	app	pace a sin	PAN  provi	rent be pi	and	PAN	AN is	s ap	lied	by f	y full	ishi	ng t	the r	nam	e of	f mo	the	ron	ly)			r PAN
	Details of Parents Whether mother is Wes, please fill in Father's Name (Misses Name / Surnar First Name Middle Name Mother's Name (or Last Name / Surnar First Name Middle Name Select the name of Father's name (In case no option in by furnishing name) Address Residence Address Flat / Room / Door / Name of Premises / Road / Street / Lane Area / Locality / Talus	a single olease timother's andatory ne obtional one either fa sprovide of the moss Block No Building /Post Off	able on parent a ck as ap a name if y except whether or many the control of the c	moth when PAN nly)'.	able) apprinter mo are mo are wh name card	ropria nothe	app	pace a sin	PAN  provi	rent be pi	and	PAN	AN is	s ap	lied	by f	y full	ishi	ng t	the r	nam	e of	f mo	the	ron	ly)			r PAN
	Details of Parents Whether mother is Yes No ( If yes, please fill in Father's Name (Mathematical Mother's Name (or Last Name / Surnar First Name Middle Name Mother's Name (or Last Name / Surnar First Name Middle Name Select the name of Father's name (In case no option i by furnishing name Address Residence Address Flat / Room / Door / Name of Premises / Road / Street / Lane Area / Locality / Talu Town / City / District	a single olease timother's andator ne otional one either fa s provide of the m s Block No Building /Post Off ka/ Sub-	able on parent a ck as ap a name if y except whether or many the control of the c	moth when PAN nly)'.	able) apprinter mo are mo are wh name card	ropria nothe	app	single page a si	PAN  proviegle pal  de pal  de tick  with f	rent as a a ather	and	PAN d on cable	AN is	ppl car	pplie	by f	othe	ishi	ng t	the r	nam	e of	f mo	the	ron	ly)			r PAN
	Details of Parents Whether mother is Wes, please fill in Father's Name (Misses Name / Surnar First Name Middle Name Mother's Name (or Last Name / Surnar First Name Middle Name Select the name of Father's name (In case no option in by furnishing name) Address Residence Address Flat / Room / Door / Name of Premises / Road / Street / Lane Area / Locality / Talus	a single olease timother's andator ne otional one either fa s provide of the m s Block No Building /Post Off ka/ Sub-	able on parent a ck as ap a name if y except whether or many the control of the c	moth when PAN nly)'.	able) apprinter mo are mo are wh name card	ropria nothe	app	single page a si	PAN  provi	rent as a a ather	and	PAN d on cable	AN is	ppl car	lied	by f	othe	ishi	ng t	the r	nam	e of	f mo	the	ron	ly)			r PAN

	Office Address																												
	Office Address Name of office																									T	Τ		7
				-																						₩	╁	⊢	1
	Flat / Room / Door /	Block No	•	_				┝	-										_	-				_	_	—	₩	⊢	4
	Name of Premises /	Building /	Village																							上	<u> </u>	L	1
	Road / Street / Lane	Post Offi	ce																							L			
	Area / Locality / Talu	ıka/ Sub-	Division																										
	Town / City / District																												1
	State / Union Territ					<u> </u>	F	Pince	ode /	/ Zip	COC	de	l	<u> </u>	Co	untr	y Na	ame	1	1	1	<u> </u>	l	1	1				_
										i																	$\neg$		
								_							_	_													
8	Address for Com	municatio	on						Res	side	nce						Offic	е			(P	leas	e ti	ck a	s a <sub>l</sub>	oplic	cable	e)	
9	Telephone Number	er & Ema	il ID details	;																									
	Country	code	Area/STD C	Code				Ţ	elep	hon	e / N	Mobi	ile n	umb	er														
	Email ID				•																	]							
10	Status of applicar	\t																											
	Please select statu																					_	_	_					
	riease select statu	s, 🔽 a	s applicable	,				7							,							L	۱ ٰ	Gov	ernr	nent			
	Individual	Шн	indu undivid	ded fa	mily			Co	mpa	ny					Pa	rtne	rship	Fir	m				/	Asso	ocia	ion (	of Pe	ersc	ons
	Trusts	Пв	ody of Indiv	iduals				Lo	cal A	utho	ority				Art	ificia	al Ju	ridic	al P	ers	ons		٦ı	Limi	ted I	Liab	ility F	Part	nership
11	Registration Num		•			s et	c )																_				,		
•••	Registration Ham	1017				1	, 	Т	Т	Т	T	T	Т	Т	Т	Т	Т	Т	T	T	Т	Т	$\neg$						
12	In case of a perso						naar	nu	mbe	r or	the	En	rolm	ent	ID d	of A	adh	aar	app	lica	tion	forr	n as	s pe	r se	ctio	n 13	9 A	A
	Please mention yo			•		,																							
	If AADHAAR numb	er is not a	allotted, plea	ase m	entic	on th	ne e	nrol	men	t ID	of A	adh	aar a	appl	icati	on f	orm	1		_		1	1						7
																												<u>L</u>	
	Name as per AADI	HAAR lett	er or card o	r as p	er th	e Ei	nroli	men	t ID	of A	adh	aar	appl	icati	on f	orm					_								1
																										$oxed{oxed}$		L	1
																													1
								_	_										_	_		_			_		_	_	
13	Source of Incom	ne																				Plea	se s	sele	ct.	<b>✓</b>	as a	aar	licable
13	Source of Incom	ie																			Г	Plea				_	as é	app.	licable
13	Salary												1								ſ	Plea	Cap	oital	Gai	ns			
13	7		ofession	Bus	ines	s/Pr	rofes	ssio	n co	de			] [F	or (	Code	e: R	efer	inst	ructi	ons	ſ	Plea	Cap	oital	Gai	ns	as a		
13	Salary	iness / Pr		Bus	ines	s/Pr	rofes	ssio	n co	de			] [F	For (	Code	e: Ro	efer	insti	ructi	ons	ſ		Cap Inco	oital	Gai fror	ns			
	Salary Income from Bus	iness / Pr se propei	ty	Bus	ines	s/Pr	rofes	ssio	n co	de			] [F	For (	Code	e: R	efer	insti	ructi	ons	ſ		Cap Inco	oital ome	Gai fror	ns			
	Salary Income from Bus Income from Hou Representative As Full name, address	iness / Pr se proper ssessee r s of the R	rty ( <b>RA)</b> epresentativ								e ur	nder	, .								]		Car Inco No	oital ome inco	Gai fror me	ns m Ot	ther	sou	rces
	Salary Income from Bus Income from Hou Representative As Full name, address been given in the company to the second secon	iness / Pr se proper ssessee r s of the R olumn 1-	rty ( <b>RA)</b> epresentativ 13.	ve Ass	sess	ee, v	who	is a	sses		e ur	nder	, .								]		Car Inco No	oital ome inco	Gai fror me	ns m Ot	ther	sou	rces
	Salary Income from Bus Income from Hou Representative As Full name, address been given in the co	iness / Pr se proper ssessee ( s of the Rolumn 1-	rty ( <b>RA)</b> epresentativ 13. name : initi	ve Ass	sess	ee, v	who	is a	sses		e ur	nder	, .								]		Car Inco No	oital ome inco	Gai fror me	ns m Ot	ther	sou	rces
	Salary Income from Bus Income from Hou Representative As Full name, address been given in the company to the second secon	iness / Pr se proper ssessee ( s of the Rolumn 1-	rty ( <b>RA)</b> epresentativ 13. name : initi	ve Ass	sess	ee, v	who	is a	sses	ssibl	e ur	_	, .	Inco			Act				]		Car Inco No	oital ome inco	Gai fror me	ns m Ot	ther	sou	rces
	Salary Income from Bus Income from Hou Representative As Full name, address been given in the co	iness / Pr se proper ssessee r s of the R solumn 1- cpanded	rty ( <b>RA)</b> epresentativ 13. name : initi	ve Ass	sesse	ee, v	who	is a	asses	ssibl	e ur	_	the	Inco		Tax	Act				]		Car Inco No	oital ome inco	Gai fror me	ns m Ot	ther	sou	rces
	Salary Income from Bus Income from Hou Representative As Full name, address been given in the co Full Name (Full ex Please select title,	iness / Pr se proper ssessee r s of the R solumn 1- cpanded	rty ( <b>RA)</b> epresentativ 13. name : initi	ve Ass	sesse	ee, v	who	is a	asses	ssibl	e ur	_	the	Inco		Tax	Act				]		Car Inco No	oital ome inco	Gai fror me	ns m Ot	ther	sou	rces
	Income from Bus Income from Hou Representative As Full name, address been given in the co Full Name (Full ex) Please select title, Last Name / Surname	iness / Pr se proper ssessee r s of the R solumn 1- cpanded	rty ( <b>RA)</b> epresentativ 13. name : initi	ve Ass	sesse	ee, v	who	is a	asses	ssibl	e ur	_	the	Inco		Tax	Act				]		Car Inco No	oital ome inco	Gai fror me	ns m Ot	ther	sou	rces
	Salary Income from Bus Income from Hou Representative As Full name, address been given in the co Full Name (Full ex) Please select title, Last Name / Surnar First Name Middle Name	iness / Pr se proper ssessee r s of the R solumn 1- cpanded	rty ( <b>RA)</b> epresentativ 13. name : initi	ve Ass	sesse	ee, v	who	is a	asses	ssibl	e ur	_	the	Inco		Tax	Act				]		Car Inco No	oital ome inco	Gai fror me	ns m Ot	ther	sou	rces
	Income from Bus Income from Hou Representative As Full name, address been given in the co Full Name (Full ex Please select title, Last Name / Surnat First Name Middle Name Address	iness / Pr se proper sessee ( s of the R solumn 1- cpanded vas ap me	rty (RA) epresentativ 13. name : initi	ve Ass	sesse	ee, v	who	is a	asses	ssibl	e ur	_	the	Inco		Tax	Act				]		Car Inco No	oital ome inco	Gai fror me	ns m Ot	ther	sou	rces
	Salary Income from Bus Income from Hou Representative As Full name, address been given in the complete select title, Last Name / Surnan First Name Middle Name Address Flat / Room / Door	iness / Pr se proper ssessee ( s of the Rolumn 1- cpanded as ar me	rty (RA) epresentativ 13. name : initi oplicable	ve Ass	sesse	ee, v	who	is a	asses	ssibl	e ur	_	the	Inco		Tax	Act				]		Car Inco No	oital ome inco	Gai fror me	ns m Ot	ther	sou	rces
	Salary Income from Bus Income from Hou Representative As Full name, address been given in the co Full Name (Full ex) Please select title, Last Name / Surnar First Name Middle Name Address Flat / Room / Door Name of Premises	iness / Pr se proper ssessee ( s of the R solumn 1- cpanded as ap me	rty (RA) epresentativ 13. name : initi oplicable  o.	ve Ass	sesse	ee, v	who	is a	asses	ssibl	e ur	_	the	Inco		Tax	Act				]		Car Inco No	oital ome inco	Gai fror me	ns m Ot	ther	sou	rces
	Salary Income from Bus Income from Hou Representative As Full name, address been given in the complete select title, Last Name / Surnan First Name Middle Name Address Flat / Room / Door	iness / Pr se proper ssessee ( s of the R solumn 1- cpanded as ap me	rty (RA) epresentativ 13. name : initi oplicable  o.	ve Ass	sesse	ee, v	who	is a	asses	ssibl	e ur	_	the	Inco		Tax	Act				]		Car Inco No	oital ome inco	Gai fror me	ns m Ot	ther	sou	rces
	Salary Income from Bus Income from Hou Representative As Full name, address been given in the co Full Name (Full ex) Please select title, Last Name / Surnar First Name Middle Name Address Flat / Room / Door Name of Premises	iness / Pr se proper sessee ( s of the Rolumn 1- column 1- copanded as ap me / Block N / Building e/Post Of	rty (RA) epresentativ 13. name : initi oplicable  o. g / Village	ve Ass	sesse	ee, v	who	is a	asses	ssibl	e ur	_	the	Inco		Tax	Act				]		Car Inco No	oital ome inco	Gai fror me	ns m Ot	ther	sou	rces
	Salary Income from Bus Income from Hou Representative As Full name, address been given in the co Full Name (Full ex) Please select title, Last Name / Surnar First Name Middle Name Address Flat / Room / Door Name of Premises Road / Street / Lan	iness / Pr se proper ssessee ( s of the Rolumn 1- cpanded as ar as ar / Block N / Building e/Post Of	rty (RA) epresentativ 13. name : initi oplicable  o. g / Village	ve Ass	sesse	ee, v	who	is a	asses	ssibl	e ur	_	the	Inco		Tax	Act				]		Car Inco No	oital ome inco	Gai fror me	ns m Ot	ther	sou	rces
	Salary Income from Bus Income from Hou Representative As Full name, address been given in the co Full Name (Full ex) Please select title, Last Name / Surnar First Name Middle Name Address Flat / Room / Door Name of Premises Road / Street / Lan Area / Locality / Tal	iness / Pr se proper ssessee ( s of the Rolumn 1- cpanded as ap me  / Block N / Building e/Post Of luka/ Sub-	rty (RA) epresentativ 13. name : initi oplicable  o. g / Village	ve Ass	sesse	ee, v	who	is a	Smt.	ssibl	e ur	_	the	Inco		Tax	Act				]		Car Inco No	oital ome inco	Gai fror me	ns m Ot	ther	sou	rces
	Salary Income from Bus Income from Hou Representative As Full name, address been given in the of Full Name (Full ex) Please select title, Last Name / Surnar First Name Middle Name Address Flat / Room / Door Name of Premises Road / Street / Lan Area / Locality / Tal Town / City / District	iness / Pr se proper ssessee ( s of the Rolumn 1- cpanded as ap me  / Block N / Building e/Post Of luka/ Sub-	rty (RA) epresentativ 13. name : initi oplicable  o. g / Village	ve Ass	sesse	ee, v	who	is a	Smt.	ssibl	e ur	_	the	Inco		Tax	Act				]		Car Inco No	oital ome inco	Gai fror me	ns m Ot	ther	sou	rces
14	Salary Income from Bus Income from Hou Representative As Full name, address been given in the co Full Name (Full ex) Please select title, Last Name / Surnar First Name Middle Name Address Flat / Room / Door Name of Premises Road / Street / Lan Area / Locality / Tal Town / City / District State / Union Territ	iness / Pr se proper ssessee ( s of the Rolumn 1- cpanded as a a me  / Block N / Building e/Post Of luka/ Sub- et ory	rty (RA) epresentative 13. name: initive pplicable  o. g / Village ffice - Division	ve Ass	re no	ee, v	who	is a	d) Smt.	ssibl		K	the	Inco	Dme	M/	Act	in re	espe	ect of	of the		Car Inco No	oital ome inco	Gai fror me	ns m Ot	ther	sou	rces
14	Salary Income from Bus Income from Hou Representative As Full name, address been given in the of Full Name (Full ex) Please select title, Last Name / Surnar First Name Middle Name Address Flat / Room / Door Name of Premises Road / Street / Lan Area / Locality / Tal Town / City / District State / Union Territ	iness / Prese proper seesesee is of the Resolumn 1-conded with as all me  / Block N / Building e/Post Of luka/ Substituted as interested as in	rty (RA) epresentative 13. name: initive pplicable  o. g / Village ffice - Division	ve Ass	re no	ee, v	who	is a	d) Smt.	·	S (P	K	the	Inco	Dme	M/	Act	in re	espe	ect of	of the		Car Inco No	oital ome inco	Gai fror me	ns m Ot	ther	sou	rces
14	Salary Income from Bus Income from Hou Representative As Full name, address been given in the of Full Name (Full ex) Please select title, Last Name / Surnal First Name Middle Name Address Flat / Room / Door Name of Premises Road / Street / Lan Area / Locality / Tal Town / City / District State / Union Territ  Documents subm I/We have enclosed	iness / Pr se proper sesses e s of the Re column 1- cpanded  as ap me  / Block N / Building e/Post Of luka/ Sub- ct orry	rty (RA) epresentative 13. name: initive pplicable  o. g / Village ffice - Division	ve Ass	re no	ee, v	who	is a	d) Smt.	·	s (P	OA)	the	Inco	oof	M/	Act	in re	espe	ect of	of the		Car Inco No	oital ome inco	Gai fror me	ns m Ot	ther	sou	rces
14	Salary Income from Bus Income from Hou Representative As Full name, address been given in the of Full Name (Full ex) Please select title, Last Name / Surnar First Name Middle Name Address Flat / Room / Door Name of Premises Road / Street / Lan Area / Locality / Tal Town / City / District State / Union Territ  Documents subm I/We have enclosed as proof of address	iness / Pr se proper ssessee ( s of the Rolumn 1- cpanded  as apme  / Block N / Building e/Post Of luka/ Sub- ct ory  itted as I	rty (RA) epresentative 13. name: initive pplicable  o. g / Village ffice - Division	entity	sessore no	ee, vot po	who	is a	ssesses d) Smt.	Ires:	s (P poof	OA)	ancentilooof	Inco	pome coof	M/	Act	of E	espe	i (Pe	OB)	e per	Cap Inco No rson	pital pome inco	Gai	ns m Ot	ther	ars	rces
14	Salary Income from Bus Income from Hou Representative As Full name, address been given in the of Full Name (Full ex) Please select title, Last Name / Surnal First Name Middle Name Address Flat / Room / Door Name of Premises Road / Street / Lan Area / Locality / Tal Town / City / District State / Union Territ  Documents subm I/We have enclosed	iness / Prese proper seese end of the Resolumn 1-cepanded  / Block New as a me  / Block New as a me  / Block New as a me  / Building e/Post Of luka/ Substate ory	epresentation 13.  name : inition pplicable  o.  j / Village ffice - Division  Proof of Ide	ve Assials an	Seess of the sees	ee, vot poi	who erm  F F of I	is a sittee	asses  d)  Smt.  ode  Add  a	ssibl	<b>S</b> ( <b>P</b> ( <b>P</b> ( <b>o</b>	OA)	ancentilooof	Inco	pome coof	M/	Act	of E	espe	i (Pe	OB)	e per	Cap Inco No rson	pital pome inco	Gai	ns m Ot	tticula	ars	rces
14	Salary Income from Bus Income from Hou Representative As Full name, address been given in the co Full Name (Full ex) Please select title, Last Name / Surnar First Name Middle Name Address Flat / Room / Door Name of Premises Road / Street / Lan Area / Locality / Ta Town / City / District State / Union Territ  Documents subm I/We have enclosed as proof of address [Please refer to the [Annexure A, Annexure A, Anne	iness / Prese proper seese end of the Resolumn 1-cepanded  / Block New as a me  / Block New as a me  / Block New as a me  / Building e/Post Of luka/ Substate ory	epresentation 13.  name : inition pplicable  o.  j / Village ffice - Division  Proof of Ide	ve Assials an	Seess of the sees	ee, vot poi	who erm  F F of I	is a sittee	Add a	lress s pro	[	OA) of id s pr	the uma	Inco	oof atte condato	M/	Act	of E	espe	i (Pe	OB)	e per	Cap Inco No rson	pital pome inco	Gai	ns m Ot	tticula	ars	rces
14	Income from Bus Income from Hou Representative As Full name, address been given in the co Full Name (Full ex) Please select title, Last Name / Surnar First Name Middle Name Address Flat / Room / Door Name of Premises Road / Street / Lan Area / Locality / Tal Town / City / District State / Union Territ  Documents subm I/We have enclosed as proof of address [Please refer to the	iness / Prese proper seesee es of the Resolumn 1-cepanded  / Block N / Building e/Post Of luka/ Substated as I decided as	rty (RA) epresentative 13. name : initive oplicable  o. g / Village effice - Division  Proof of Ide as (as specificannexure C and a specificannexu	entity	Seess (PO Rule be us	ee, vot peri	who erm [ Froo	Pince .T. F. revee	Add a Rules er app the	lress s proplica app	a (Poof a S2) f ble] licar	OA) Of id	ancentification of the	Inco	oof ate codatc	M/ of D  of birry c	Act	of E	espe	i (Pe	OB)	e per	Cap Inco No rson	pital pome inco	Gai	ns m Ot	tticula	ars	rces
14	Salary Income from Bus Income from Hou Representative As Full name, address been given in the complete select title, Last Name / Surnan First Name Middle Name Address Flat / Room / Door Name of Premises Road / Street / Lan Area / Locality / Ta Town / City / District State / Union Territ  Documents subm I/We have enclosed as proof of address [Please refer to the [Annexure A, Annexure A, A	iness / Prese proper seesee es of the Resolumn 1-cepanded  / Block N / Building e/Post Of luka/ Substated as I decided as	rty (RA) epresentative 13. name : initive oplicable  o. g / Village effice - Division  Proof of Ide as (as specificannexure C and a specificannexu	entity	Seess (PO Rule be us	ee, vot peri	who erm [ Froo	Pince .T. F. revee	Add a Rules er app the	lress s proplica app	a (Poof a S2) f ble] licar	OA) Of id	ancentification of the	Inco	oof ate codatc	M/ of D  of birry c	Act	of E	espe	i (Pe	OB)	e per	Cap Inco No rson	pital pome inco	Gai	ns m Ot	tticula	ars	rces
14	Salary Income from Bus Income from Hou Representative As Full name, address been given in the co Full Name (Full ex) Please select title, Last Name / Surnar First Name Middle Name Address Flat / Room / Door Name of Premises Road / Street / Lan Area / Locality / Ta Town / City / District State / Union Territ  Documents subm I/We have enclosed as proof of address [Please refer to the [Annexure A, Annex I/We	iness / Prese proper seesee es of the Resolumn 1-cepanded  / Block N / Building e/Post Office luka/ Substate ory  itted as I design instruction cure B & A	rty (RA) epresentative 13. name : initive oplicable  o. g / Village effice - Division  Proof of Ide as (as specificannexure C and a specificannexu	entity	Seess (PO Rule be us	ee, vot peri	who erm [ Froo	Pince T. F. Freve	Add a Rules er app the	lress s proplica app	a (Poof a S2) f ble] licar	OA) Of id	ancentification of the	Inco	oof ate codatc	M/ of D  of birry c	Act	of E	espe	i (Pe	OB)	e per	Cap Inco No rson	pital pome inco	Gai	ns m Ot	tticula	ars	rces
14	Salary Income from Bus Income from Hou Representative As Full name, address been given in the of Full Name (Full ex) Please select title, Last Name / Surnar First Name Middle Name Address Flat / Room / Door Name of Premises Road / Street / Lan Area / Locality / Tal Town / City / District State / Union Territ  Documents subm I/We have enclosed as proof of address [Please refer to the [Annexure A, Annex I/We do hereby declare  Place:	iness / Prese proper seesee es of the Resolumn 1-cepanded  / Block N / Building e/Post Office luka/ Substate ory  itted as I design instruction cure B & A	crty (RA) epresentative 13. name: initive pplicable  o. g / Village ffice - Division  Proof of Ide as (as specificannexure C as is stated above)	entity	Seess (PO)	ee, vot peri	who erm [ Froo	Pince T. F. Freve	Add a Rules er app the	lress s proplica app	a (Poof a S2) f ble] licar	OA) Of id	ancentification of the	Inco	oof ate codatc	M/ of D  of birry c	Act	of E	espe	i (Pe	OB)	be s	Cap Inco No rson	nittee	Gai from me mose	ns m Ot	ticula	ars	rces

### **INSTRUCTIONS FOR FILLING FORM 49A**

- (a) Form to be filled legibly in BLOCK LETTERS and preferably in BLACK INK. Form should be filled in English only
- (b) Each box, wherever provided, should contain only one character (alphabet /number / punctuation sign) leaving a blank box after each word.
- (c) 'Individual' applicants should affix two recent colour photographs with white background (size 3.5 cm x 2.5 cm) in the space provided on the form. The photographs should not be stapled or clipped to the form. The clarity of image on PAN card will depend on the quality and clarity of photograph affixed on the form.
- (d) Signature / Left hand thumb impression should be provided across the photo affixed on the left side of the form in such a manner that portion of signature/impression is on photo as well as on form.
- (e) Signature /Left hand thumb impression should be <u>within the box</u> provided on the right side of the form. The signature should not be on the photograph affixed on right side of the form. If there is any mark on this photograph such that it hinders the clear visibility of the face of the applicant, the application will not be accepted.
- (f) Thumb impression, if used, should be attested by a Magistrate or a Notary Public or a Gazetted Officer under official seal and stamp.
- (g) AO code (Area Code, AO Type, Range Code and AO Number) of the Jurisdictional Assessing Officer must be filled up by the applicant. These details can be obtained from the Income Tax Office or PAN Centre or websites of PAN Service Providers on <a href="https://www.utiitsl.com">www.utiitsl.com</a> or <a href="https://www.utiitsl.com">www.utiitsl.com</a> or <a href="https://www.utiitsl.com">www.protean-tinpan.com</a>
- (h) Guidelines for filling the Form 49A:

m o.	Item Details						G	uid	lelir	nes	for	fill	ing	th	e fo	rm										
	Full Name	Please select approposition not use abbrevia written as :				Fir	st a	and	the	La	st n	am	e/S	urn	am	e. F	or e	exa	mpl	le F	RAV	'IKA	NT	sho	uld	b
		Last Name/Surname	R	Α	٧	I	κ	Α	N	Т																
		First Name																								
		Middle Name																								
		For example SURES	SH S	SAR	DA	sh	oul	d be	e w	ritte	n a	s:														
		Last Name/Surname	s	А	R	D	А																			
		First Name	s	U	R	E	s	H																		
		Middle Name																								
		For example <b>POON</b>	AM I	RA	VI N	IAF	RAY	ΆΝ	sho	ould	d be	wr	itte	n as	s:											
		Last Name/Surname		Α		А																				
		First Name	Р	0	0	N	Α	М																		
		Middle Name	R	Α	V	ı																				
		For example SATYA	M V	ΈN	KA	ΤM	I. K	. R	ΑO	shc	puld	be	wr	itteı	n as	3:										
		Last Name/Surname	R	Α	0																					
		First Name	s	Α	Т	Υ	А	М																		
		Middle Name		E	N.	, I	_	_		м		ĸ														

1		Farancial M C K	A		214/	A B.A														8/8			1			:44 -	
		For example M. S. K. as:	ANI	JA	5VV/	AW	Y (I	VIA	וטע	KAI	SC	)IVI <i>F</i>	150	JNL	)KA	IVI I	<b>\A</b> r	ND/	45V	VAI	VIY)	sn	oul	a be	e wr	ıtte	n 
		Last Name/Surname	K	Α	Z	D	Α	s	w	А	М	Υ															
		First Name	М	Α	D	υ	R	А	I																		
		Middle Name	s	0	М	А	s	U	N	D	R	А	М														
		Applicants other than	· 'In	divi	dua	als'	ma	y ig	nor	e al	bov	e in	stru	ucti	ons												
		Non-Individuals shou name is longer than t First and Middle Nam	ıld v he : ne.	write spa	e th ce	eir pro	full vide	na ed f	me or tl	sta ne la	rtin <sub>!</sub> ast	g fro	om ne,	the it c	firs	st bl	cont	inu	ed i	in th	ne s	spa	ce p	orov			- 1
		For example XYZ DA	ATA	CC	RP	OR	AT	IOI	(II) 	NDI.	<b>A)</b> l	PRI	VA <sup>-</sup>	TΕ	LIM	ITE	<b>D</b> s	ho	uld	be '	writ	ten	as	:			
		Last Name/Surname	Х	Υ	Z		D	Α	Т	Α		С	0	R	Р	0	R	Α	Т	I	0	N		(	I	N	D
		First Name	ı	Α	)		Р	R	ı	٧	Α	Т	Е		L	I	М	ı	Т	Е	D						
		Middle Name																									
		For example MANOJ	M	4F/	\TL	AL	DA	VE	(HI	JF)	sh	ould	l be	wr	itte	n a	3:										
		Last Name/Surname	М	Α	Z	0	J		М	А	F	Α	Т	L	Α	Г		D	Α	٧	Е		(	Н	U	F	)
		First Name																									
		Middle Name																									
		In case of Company, variations of 'Private It should be 'Private In case of sole propri	Lim ₋imi	ited ted	d' vi: ' on	z. F Ily.	vt l	_td,	Pri	vate	e L1	d, F	Pvt	Lim	ited	l, P	Ltd	, P.	Ltc	l., F	P. Lt	d a	re r	ot a	allo		
		Name should not be							•							•											
2	Abbreviation of the full name to be	Individual applicants abbreviated, should r			-											-		ed	on	the	PA	N.	car	d. N	lan	ne,	if
	printed on the PAN card	SATYAM VENKAT M	I. K	. R	40	wh	ich	is v	vritt	en i	in th	ne N	lan	ne f	ield	as	:										
		Last Name/Surname	R	Α	0																						
		First Name	s	Α	Т	Υ	Α	м																			
		Middle Name	V	E	Z	К	Α	Т		М		K															
						<u>                                       </u>			L	_											Ш					!	
		Can be written as in 'N SATYAM VENKAT M. S. V. M. K. RAO or SATYAM V. M. K. RAO	K. I				inte	d o	n tn	e P	AN	Car	a c	olu	mn	as											
		For non individual ap	plic	ant	s, tł	his	sho	uld	be	sar	ne	as I	ast	naı	ne	field	ni b	iter	n n	o. 1	ab	ove	e.				
3	Have you ever been known by any other name?	If applicant selects 'Y No. 1 with respect to								-	-															Iter	n

4	Gender	This fi	eld is	manda	atory f	or Ind	ividua	ls. Fiel	d shou	ıld be left blank in case of other applicants.
5	Date of Birth/Incorporation /	Date o	annot	be a	future	date.	Date:	2nd A	ugust	1975 should be written as:
	Agreement / Partnership or	D	D	М	М	Υ	Υ	Y	Υ	
	Trust Deed / Formation of	0	2	0	8	1	9	7	5	
	Body of Individuals / Association of Persons	Individudi creation	lual: A on; Tru orpora	ctual [ ɪsts: D tion/R	Date of egistra	f Birth creat ation;	; Com ion of HUFs	Trust I : Date	Date o Deed; of cre	nts is:  f Incorporation; Association of Persons: Date of formation/ Partnership Firms: Date of Partnership Deed; LLPs: Date eation of HUF and for ancestral HUF date can be 01-01-
6	Details of Parents (Applicable to									oply here. wish to apply for PAN by furnishing mother's name
	Individuals only)	only?	-							
		This fl using	ag sho mothe	ou <b>l</b> d be	e sele me on	cted a	s 'Yes ther's	' only i name	f (i) Mo should	the flag (i.e. 'Yes' or 'No'). other is a single parent, <b>and</b> (ii) You wish to apply for PAN be left blank.
		Fathe to pro	<b>r's Na</b> vide f	me: It	is ma	ndato	ry for I	ndivid	ual apı	is mandatory. For such cases, mother's name is optional. olicants (except for cases where mother is a single parent) cant should also give father's name and not husband's
		is a si	e <b>r's Na</b> ng <b>l</b> e p	arent	and yo	ou wis	h to a	pply fo	r PAN	's name is mandatory if the flag value (i.e. Whether mother by furnishing mother's name only?) is selected as 'Yes'.
		the fat	her's Pare	name nt' fiel	and m	nother elected	's nan	ne give	n in th	riate flag should be selected to indicate the name (out of the form) to be printed on the PAN card. If the 'Mother as a ther's name flag should only be selected for the name to
										ame shall be considered for printing on the PAN card. In e shall be considered for printing on the PAN Card.
7	Address - Residence and office	this field of the control of the con	dividu eld bla fice A ame c Busin case ffice is or all c ity/Dis	als, H nk. ddres f Office ness/p of Fir mand catego trict, S a for	UF, Ades see and profession, LL datory.	addresion[Ite P, Col f appli Jnion	ess to em No mpany cants, Territo	be me o.13]. y, Loca it is no ory and	ntione al Auth ecessa PINC	tial address is mandatory. Other applicants should leave d in case of individuals having source of income as salary ority and Trust, name of office and complete address of ary to mention complete address and the details of Town/ODE are mandatory.  it is mandatory to provide Country Name along with ZIP
8	Address for communication		sarily	indica	ite 'Of	fice' a				ther 'Residence' or 'Office' and other applicants should Communication. All communication will be sent at the
9	Telephone Number and Email ID	where (2) It (3) A	clude cample cam	Count  ine nu  the sthe count  sthe count  id" stor rection st	mber: S1 Coo 1 country r 9102 ST Coo country tory so tha eiving atus u	23555 TD de 1 y code 251111 D de y code for the at the PAN	O Cod	e).  f Delhi Telepl numb 2 3  dia and ndia sh Teleph numb 9 1  dia.  oplicant n be gh e-ma	should be should	code (ISD code) and STD code or Mobile No. should d be written as Number / Mobile  5 5 7 0 5  the STD Code of Delhi. e written as umber / Mobile  2 5 1 1 1 1 1  mention either their "Telephone number" or valid cted in case of any discrepancy in the application the SMS facility on the mobile numbers mentioned in the

10	Status of Applicant	This field is mandatory for all categories of applicants. In case of 'Limited Liability Partnership', the PAN will be allotted in 'Firm' status.										
11	Registration number	number		es. Othe	Company'. Company should mention registration replicants may mention registration number							
12	In case of a person,	Aadhaa	r Number									
12	who is required to quote Aadhaar number or the Enrolment ID of	As per p of Aadha	rovisions of section 139AA of Income Taar letter/card shall be provided as pro	of of Aad	961, Aadhaar number has to be provided. Copy lhaar.							
	Aadhaar application		ent ID (EID) of application for Aadha	_								
	form as per section 139AA.		adhaar is not allotted to the applicant, shall be provided. Copy of EID receip		D (which includes date & time of enrolment) for e provided as proof of enrolment.							
		dated M (i) residi	lay 11, 2017, it would be optional to ng in the States of Assam, Jammu and	mentior d Kashm	otification No. 37/2017, F. No. 370133/6/2017-TPL Addhaar as well as EID for the individuals ir and Meghalaya; (ii) a non-resident as per the more at any time during the previous year;							
		Name a	s per Aadhaar letter/card or Enrolm	ent ID fo	r Aadhaar application form							
		1	ne Aadhaar is provided by the applicativided;	ant, then	name as per AADHAAR letter/card has to be							
			ID is provided by the applicant, then n field.	name as	appearing on EID receipt has to be provided in							
		Supporting documents of Proof of Identity, Address and Date of Birth (other than Aadhaar) as specified in 114(4) of Income Tax Rules, 1962 will be applicable for cases where there is mismatch in PAN applicand Aadhaar data or EID is provided by the PAN applicant or the applicant is covered by Ministry of Fina Government of India notification No. 37/2017, F. No. 370133/6/2017-TPL dated May 11, 2017.										
13	Source of Income	income t			incomes, as mentioned in the form. In case, the blicant then an appropriate business/ profession							
		  Please r	efer the table given below to select the	e busines	ss/profession code:							
		Code	Business/ Profession	Code	Business/ Profession							
		01	Medical Profession and Business	11	Films, TV and such other entertainment							
		02		-	'							
		l <del></del>	Engineering	12	Information Technology							
		03	Architecture	13	Builders and Developers							
		04	Chartered Accountant/ Accountancy	14	Members of Stock Exchange, Share Brokers and Sub-Brokers							
		05	Interior Decoration	15	Performing Arts and Yatra							
		06	Technical Consultancy	16	Operation of Ships, Hovercraft, Aircrafts or Helicopters							
		07	Company Secretary	17	Plying Taxis, Lorries, Trucks, Buses or other Commercial Vehicles							
		08	Legal Practitioner and Solicitors	18	Ownership of Horses or Jockeys							
		09	Government Contractors	19	Cinema Halls and Other Theatres							
		10	Insurance Agency	20	Others							
14	Name and address of Representative Assessee	through only as guardiar	Representative Assessee. Therefore, t specified in Section 160 of the Incom	his colun e-tax Ac , Court o	specified person' (assessee) can be represented on should be filled in by representative assessee t, 1961, such as, an agent of the non-resident, f Wards, Administrator General, Official Trustee,							
		1	d will contain particulars of the Repre		Assessee. This field is mandatory if applicant							
		is minor, whose b	deceased, idiot, lunatic or mentally reehalf this application is submitted.		Column 1 to 13 will contain details of person on							
		is minor, whose b	deceased, idiot, lunatic or mentally re		·							

	Document acceptable as proof of	ideı	ntity, address and date of birth as per R	ule	114 of Income Tax Rules, 1962
	Proof of Identity		Proof of Address		Proof of date of birth
no	lian Citizens (including those located o	utsid	e India)		
nd	lividuals & HUF				
	Aadhaar Card issued by the Unique Identification Authority of India; or Elector's photo identity card; or Driving License; or Passport; or Ration card having photograph of the applicant; or Arm's license; or Photo identity card issued by the Central Government or State Government or Public Sector Undertaking (in case of Transgender, Transgender Certificate issued by the District Magistrate); or Pensioner card having photograph of the applicant; or Central Government Health Service Scheme Card or Ex-Servicemen Contributory Health Scheme photo card; or Certificate of identity in Original signed by a Member of Parliament or Member of Legislative Assembly or Municipal Councilor or a Gazetted officer, as the case may be; or Bank certificate in Original on letter head from the branch(alongwith name and stamp of the issuing officer) containing duly attested photograph and bank account number of the applicant	(b) (c) (d) (e) (f) (g) (iii)	Aadhaar Card issued by the Unique Identification Authority of India; or Elector's photo identity card; or Driving License; or Passport; or Passport of the spouse; or Post office passbook having address of the applicant; or Latest property tax assessment order; or Domicile certificate issued by the Government; or Allotment letter of accommodation issued by Central or State Government of not more than three years old; or Property Registration Document; or Copy of following documents of not more than three months old Electricity Bill; or Landline Telephone or Broadband connection bill; or Water Bill; or Consumer gas connection card or book or piped gas bill; or Bank account statement or as per Note 2; or Depository account statement; or Credit card statement; or Certificate of address in Original signed by a Member of Parliament or Member of Legislative Assembly or Municipal Councilor or a Gazetted officer, as the case may be; or Employer certificate in original.	b. c. d. e. f. g. h. i. j.	Birth Certificate issued by the Municipa Authority or any office authorized to issue Birth and Death Certificate by the Registrar of Birth and Death or the Indian Consulate as defined in clause (d) of sub-section (1) of session 2 or the Citizenship Act, 1955 (57 of 1955) or Pension payment order; or Marriage certificate issued by Registrat of Marriages; or Matriculation Certificate or Mark Shee of recognized board or Passport; or Driving License; or Domicile Certificate issued by the Government; or Aadhaar Card issued by the Unique Identification Authority of India; or Elector's photo identity card; or Photo identity card issued by the Central Government or State Government or Public Sector Undertaking (in case of Transgender, Transgender Certificate issued by the District Magistrate); or Central Government Health Services Scheme photo Card or Ex-Servicemer Contributory Health Scheme photo card; or Affidavit sworn before a magistrate stating the date of birth.
2.	In case of Minor, any of the above mentioned documents as proof of identity and address of any of parents/guardians of such minor shall be deemed to be the proof of identity and address for the minor applicant.  For HUF, an affidavit made by the Karta of Hindu Undivided Family stating name, father's name and address of all the coparceners on the date of application and copy of any of the above documents in the name of Karta of HUF is required as proof of identity, address and date of birth.	2.	Proof of Address is required for residence address mentioned in item no. 7.  In case of an Indian citizen residing outside India, copy of Bank Account Statement in country of residence or copy of Non-resident External (NRE) bank account statements (not more than three months old) shall be the proof of address.		

Other	than Individuals and HUF	
1	Company	Copy of Certificate of Registration issued by the Registrar of Companies.
2	Partnership Firm	Copy of Certificate of Registration issued by the Registrar of Firms or Copy of partnership deed.
3	Limited Liability Partnership	Copy of Certificate of Registration issued by the Registrar of LLPs
4	Association of Persons (Trust)	Copy of trust deed or copy of certificate of registration number issued by Charity Commissioner.
5	Association of Persons, Body of Individuals, Local Authority, or Artificial Juridical Person	Copy of Agreement or copy of certificate of registration number issued by charity commissioner or registrar of cooperative society or any other competent authority or any other document originating from any Central or State Government Department establishing identity and address of such person.
16	Signature / Thumb impression	Application must be signed by (i) the applicant; or (ii) Karta in case of HUF; or (iii) Director of a Company; or (iv) Authorised Signatory in case of AOP, Body of Individuals, Local Authority and Artificial Juridical Person; or (v) Partner in case of Firm/LLP; or (vi) Trustee; or (vii) Representative Assessee in case of Minor/deceased/idiot/lunatic/mentally retarded. Applications not signed in the given manner and in the space provided are liable to be rejected.

## GENERAL INFORMATION FOR PAN APPLICANTS

- (a) Applicants may obtain the application form for PAN (Form 49A) from any IT PAN Service Centres (managed by UTIITSL) or TIN-Facilitation Centres (TIN-FCs)/PAN Centres (managed by Protean), or any other stationery vendor providing such forms or download from the Income Tax Department website (www.incometaxindia.gov.in) / UTIITSL website (www.utiitsl.com) / Protean website (www.protean-tinpan.com).
- (b) The fee for processing PAN application is as under:
  - If physical PAN Card is required, ₹ 107/- (including goods & service tax) will have to be paid by the applicant. In case, the PAN card is to be dispatched outside India then additional dispatch charge of `910/- will have to be paid by applicant.
  - If physical PAN Card is not required ₹ 72/- (including goods & service tax) will have to be paid by the applicant. PAN applicants will have to mention on the top of the application form "Physical PAN Card not required". In such cases, email ID will have to be mandatorily provided to receive e-PAN Card.
- (c) Those already allotted a ten digit alphanumeric PAN shall not apply again as having or using more than one PAN is illegal. However, request for a new PAN card with the same PAN or/and Changes or Correction in PAN data can be made by filling up 'Request for New PAN Card or/and Changes or Correction in PAN Data' form available from any source mentioned in (a) above. The cost of application and processing fee is same as in the case of Form 49A.
- (d) Applicant will receive an acknowledgment containing a unique number on acceptance of this form. This **acknowledgment number** can be used for tracking the status of the application.
- (e) For more information / Application status enquiry contact:

Mode	Income-tax Department	Protean
Website	www.incometaxindia.gov.in	www.protean-tinpan.com
Call Center	1800-180-1961	020-27218080
Email ID		tininfo@proteantech.in
SMS		SMS PTNPAN <space>acknowledgment no. &amp; sent to 57575 to obtain application status. For example&gt;Type 'PTNPAN 88101010101000' and sent to 57575</space>
Address		INCOME TAX PAN SERVICES UNIT (Managed by Protean eGov Technologies Limited (formerly NSDL e-Governance Infrastructure Limited), 4th floor, Sapphire Chambers, Baner Road, Baner, Pune 411045.