| Only 'Individuals' to affix récent 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 Assessing officer (AO code) Area code AO type Range code AO No. | | | | | | | | | | | | | | | | Only 'Individuals' to affix recent photograph (3.5 cm x 2.5 cm) | | | | | | | | | | | | | | | | |
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| | | | Area | a co | de | | / | 40 | typ | be | | | Rar | nge | cc | ode | | | 4 | | lo. | | | | | | | | | | | | | | |
| Sigi | nature/Left thumb impression across this photo | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | _ | | |
| I/\ | ir, I/We hereby reques We give below necess Full Name (Full ex Please select title, Last Name / Surnan First Name | sary par banded ✓ as a | ticul nar | lars: ne t | o be r | | | ned | | |)ea | | g in | | oof | | | | y/a | ddre M/ | | doc | ume | ent | s: in | | | | | | mpres mitt | | | | |
| | Middle Name | | | | | | | | + | | | | | | + | | | | | | | | | | - | | - | | | | | | - | | |
| 2 | Abbreviations of the | ne abov | /e na | ame | , as y | ou | wou | Id | like | e it, 1 | o | be p | orint | ed | on | n the | ∋ P/ | AN | car | d. | | | | | | | | | | | | | | | |
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| 3 | Have you ever bee | n know | n by | y an | y oth | er r | name | e? | | | | Ye | s | | | | No | | | | | | | | (p | lea | se t | ick | as | app | lica | ble) | | | |
| | If yes, please give that | | | _ | ı — | | | - | | <u> </u> | | | | | - | | | | | | | | | | | | | | | | | | | | |
| | Please select title, | ✓ as a | appli | cabl | е | | Sh | nri | | | _! | Smt. | | | | Kun | nar | i | | M/ | /s | | _ | | _ | _ | | | | | | | _ | - | |
| | Last Name / Surnan | ne | | | | L | _ | | _ | | | | | | | _ | | | | - | | _ | - | | + | _ | _ | | | | | <u> </u> | L | | |
| | First Name | | | | | | | | + | | | | | | | | | | | + | | | - | | _ | _ | _ | | | | | | L | | |
| | Middle Name | | | | | | | _ | + | | | | | | | | | _ | | | | | | | | | | | | | | | L | | |
| | Gender (for Individ Date of Birth/Incor | | | | • • | | artne | rsh | | Male or T | | stD | | Fen / Fc | | | on | | | nsge dv of | | | lual | s o | | | | | | | lical | | | | |
| • | Day Month | | | ear | | | | | | | | | | | | | • | •••• | | ., . | | | | | | | | | | | | | | | |
| 6 | Details of Parents (Whether mother is a If yes, please fill in r Father's Name (Ma Last Name / Surnar First Name | a single nother's indator | pare s nar | ent a me i | and yo n the a | u v app | vish t propr | to a iate | app e sp | ly foi bace | r Ŕ pr | ovid | ed b | pelo | w. | | | | | | | | | | | | ne c | No of m | | | | | as a | appli | cable) |
| | Middle Name | | | | | | + | \pm | | | | + | + | \top | | | | + | + | + | ╈ | + | | | | | | | | | | | | | |
| | Mother's Name (or | tional | exce | ept v | where | m | othe | r is | a | sing | le | pare | ent | and | I P | AN | is a | app | liec | d by | fur | nish | ing | the | e na | me | of | mo | the | r on | ly) | | | | |
| | Last Name / Surnar | ne 🗌 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | First Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Middle Name Select the name of | | thor | | motho | | hich | | | | | tob | | into | | | | | | | | | | | | | | | | | | | | | |
| | Father's name | | | | her's n | | | - | | | | | | | | | | n Ca | iiu (| | | JIE | Jilly |) | | | | | | | | | | | |
| 7 | (In case no option is PAN by furnishing n Address | | ed th | nen | PAN c | ard | | | | | | | | | | ne e | exce | ept | whe | ere n | notl | ner i | sas | sing | le p | are | ent a | ind | you | wis | h to | арр | ly 1 | for | |
| | Residence Addres | | , | | | | | | Τ | | | | | | Τ | | | | | | | | | | | | | | | | | | | ٦ | |
| | Name of Premises / I | | | lage | | | | | ╈ | | | | | | \dagger | | | | | | | | | | | | | | | | | | | 1 | |
| | Road / Street / Lane/ | Post Of | fice | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Area / Locality / Talul | ka/ Sub- | Divi | ision | | | | | | | | | | | | | | | | | | | <u> </u> | | _ | | | | | | | | L | | |
| | Town / City / District State / Union Territo | rv | | | | | | | | Pir | | de / | Zin | 00 | de | | | | | | | | untr | v N | lame | | | | | | | | | | |
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| | Office Address | | | | | _ | _ | _ | | | | | | | _ | | | | | 1 | | | | _ | - | | - | | | | | | _ | _ | |
| | Name of office | | | | | L | _ | | + | | | | | | - | _ | | | | | | _ | - | | + | _ | _ | | | | | <u> </u> | L | | |
| | Flat / Room / Door / I Name of Premises / I | | | lage | | | - | | + | _ | | | | | + | | + | | | | | | - | - | | | + | | | | \square | | ╞ | $\frac{1}{1}$ | |
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| | Town / City / District | | | | | F | + | | \dagger | + | | | | | \top | + | | | | | | | 1 | | + | + | + | | | | | | | Ĭ | |
| | State / Union Territo | ry | | | | | | | | Pir | ico | de / | Zip | cod | de | | | | | | | Сс | untr | уN | lame | э | | | | | | | | _ | |
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| 8 | Address for Communication | | Residence | | | | | | | Office (I | | | | | | | Please tick as applicable) | | | | | | | | |
|----|---------------------------------------------------------------------|-----------|-----------|-------|-------|----------------|--------|-------|-------|-----------|----------|--------------|---------|----------|------|-------|----------------------------|-----------|-------|---------|-------|--------|--------|-------|------------|
| 9 | 9 Telephone Number & Email ID details | | | | | | | | | | | | | | | | | | | | | | | | |
| | Country code Area/STD Code | | | | | | | | | | ie / M | obile | e nur | nber | | | | | | | | | | | |
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| | Email ID | | | | | | | | | | | | | | | | | |] | | | | | | |
| 10 | Status of applicant | | | | | | | | | | | | | | | | | | - | | | | | | |
| | Please select status, \checkmark as appli | cable | | | | | | | | | | | | | | | | | | | Gove | ernme | ent | | |
| | Individual Hindu u | ndivid | ed fam | ilv | Γ | | ompai | าง | | | | Pa | ırtnei | ship | Firr | m | | | | _ _, | Asso | ciatic | n of | Per | sons |
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| 11 | Trusts Body of | | | | L | | cal A | utho | лцу | | | | tificia | ii Jur | ICIC | | erso | ns | | | | | abiiit | уРа | artnership |
| | Registration Number (for compa | , III | 1115, LI | | | , T T | | | | | | | | | | | | | | | | | | | |
| 12 | In Case of a person, who is requi | red to | auote | e Aa | dha | ar nu | mber | /The | e En | rolm | ent ID |) of / | Aadł | naar | app | olica | tior | ۱ foi | rm a | sp | er se | ection | n 139 | 944 | |
| | Please mention your AADHAAR nu | | - | | | | | 7 | | | | 7 [| | | | | | | | с р. | | | | | • |
| | If AADHAAR number is not allotted | | ` | , | | enrolr | nent | L o | f Aa | dhaar | appli | ∟ ∟ catio | on fo | rm | | | | | | | | | | | |
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| | Name as per AADHAAR letter/card | or as | per the | e Eni | rolm | ent IC | of A | adha | aar a | applic | ation | form | ו | | | | | | | | | _ | 1 | | |
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| 13 | Source of Income | | | | | | | | | | | | | | | | | F | Pleas | se s | elec | t, 🗸 | a | s ap | plicable |
| | Salary | | | | | | | | | | | | | | | | | | | | | Gains | | | |
| | Income from Business / Professio | on | Busir | iess/ | /Prot | fessio | n cod | e | | | [For | Cod | e: Re | əfer i | nstr | ucti | onsl | Γ | | Inco | ome | from | Othe | er so | ources |
| | 7 | | | | | | | - 1 | | | L | | | | | | 1 | | | | incol | | | | |
| | Income from House property | | | | | | | | | | | | | | | | | L | | NO | mcoi | ne | | | |
| 14 | Representative Assessee (RA) | | | | | | | | | | | | _ | | | | | | | | | | | | |
| | Full name, address of the Represe been given in the column 1-13. | entativ | e Asse | essee | e, wi | no is a | asses | sible | e un | der tr | ie Inc | ome | lax | Act | n re | espe | ect o | t the | e per | son | , wh | ose p | artic | cular | rs have |
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| | Full Name (Full expanded name | | | | per | | | | |] | : | | | - | | | | | | | | | | | |
| | Please select title, \checkmark as applicat | ne | | Shri | | | Smt. | | | Kun | | | M/ | s I I | | | | | | | | | | _ | |
| | Last Name / Surname | | | _ | | | | _ | | | | + | | | | | | | | | | | _ | + | |
| | First Name | | | _ | | | | _ | | | | - | | | | | | | | | | | _ | + | |
| | Middle Name Address | | | | | | | | | | | | | | | | | | | | | | | | |
| | Flat / Room / Door / Block No. | | | | | | | | | | | | | | | | | | | | | | | | |
| | Name of Premises / Building / Villa | ge | | | | | | | | | | | | | | | | | | | | | | | |
| | Road / Street / Lane/Post Office | | | | | | | | | | | | | | | | | | | | | | | | |
| | Area / Locality / Taluka/ Sub- Divis | ion | | | | | | | | | | | | | | | | | | | | | | | |
| | Town / City / District | | | | | | | | | | | | | | | | | | | | | | | | |
| | State / Union Territory | | | | | Pinc | ode | | | | | | | | | | | | | | | | | | |
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| 15 | Documents submitted as Proof o | f Iden | tity (P | OI), | Pro | of of <i>i</i> | Addro | ess | (PO | A) ar | d Pro | oof o | of Da | ite o | f Bi | rth (| (DO | B) | | | | | | | |
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| | I/We have enclosed | | | | | | a | s pro | 1 | f ider | - 1 | | | | | | | | | | | | | | |
| | as proof of address and | | | | | | | | as | proc | f of d | ate o | of bir | th. | | | | | | | | | | | |
| | [Please refer to the instructions (as | spec | ified in | Rul | e 11 | 4 of I | .T. Rı | iles, | 196 | 62) fo | r list o | of m | anda | tory | cert | ified | doc | cume | ents | to k | be su | ıbmitt | ed a | is a | pplicable] |
| | [Annexure A, Annexure B & Annexur | e C ar | e to be | use | d wh | ereve | r appl | icab | ole] | | | | | | | | | | | | | | | _ | |
| 16 | I/We | | | | | , | the a | appl | ican | t, in tl | ne ca | oacit | ty of | | | | | | | | | | | | |
| | do hereby declare that what is stat | ed ab | ove is t | true | to th | ie bes | t of n | iy/o | ur in | forma | ition a | and b | belie | f. | | | | | | | | | | | |
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