

FORM NO. 49A

(FORM NO. ITS 49A)

Application for allotment of Permanent Account Number under section 139A of the Income-tax Act, 1961

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

To
The Assessing Officer,

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

Signature/Left
Thumb
Impression

	Area Code	AO Type	Range Code	AO No.
Ward/Circle				
Range				
Commissioner				

Sir,
I/We hereby request that a permanent account number be allotted to me/us.

I/We give below the necessary particulars:-

1. Full Name (Full expanded name : initials are not permitted)
Please Tick as applicable Shri Smt Kumari M/s

Last Name/Surname

First Name

Middle Name

2. Name you would like printed on the card

3. Have you ever been known by any other name? Please Tick as applicable Yes No

If yes, please give other name
(Full expanded name : initials are not permitted) Shri Smt. Kumari M/s

Last Name/Surname

First Name

Middle Name

4. Father's Name (Only 'Individual' applicants : Even married women should give father's name only)

Last Name/Surname

First Name

Middle Name

5. Address

R. Residential Address
Flat/Door/Block No.

Name of Premises/Building/Village

[Grid for Name of Premises/Building/Village]

Road/Street/Lane/Post Office

[Grid for Road/Street/Lane/Post Office]

Area/Locality/Taluka/Sub-Division

[Grid for Area/Locality/Taluka/Sub-Division]

Town/City/District

State/Union Territory

PIN

[Grid for Town/City/District, State/Union Territory, PIN]

(Indicating PIN is mandatory)

O. Office Address (Name of Office)

[Grid for Office Address (Name of Office)]

Flat/Door/Block No.

[Grid for Flat/Door/Block No.]

Name of Premises/Building/Village

[Grid for Name of Premises/Building/Village]

Road/Street/Lane/Post Office

[Grid for Road/Street/Lane/Post Office]

Area/Locality/Taluka/Sub-Division

[Grid for Area/Locality/Taluka/Sub-Division]

Town/City/District

State/Union Territory

PIN

[Grid for Town/City/District, State/Union Territory, PIN]

(Indicating PIN is mandatory)

6. Address for communication. Please Tick as applicable

R

or

O

STD Code

Tel. No.

7. Tel. No.

[Grid for STD Code]

[Grid for Tel. No.]

e-mail ID

[Grid for e-mail ID]

8. Sex (For 'Individual' Applicants only) Please Tick as applicable

Male

Female

9. Status of the Applicant Please Tick as applicable

- Individual
- Hindu Undivided Family
- Company
- Firm
- Association of Persons
- Association of Persons (Trusts)
- Body of Individuals
- Local Authority
- Artificial Juridical Person

P	<input type="checkbox"/>
H	<input type="checkbox"/>
C	<input type="checkbox"/>
F	<input type="checkbox"/>
A	<input type="checkbox"/>
T	<input type="checkbox"/>
B	<input type="checkbox"/>
L	<input type="checkbox"/>
J	<input type="checkbox"/>

10. Date of Birth/Incorporation/Agreement/Partnership or Trust Deed/Formation

of Body of Individuals/Associations of Persons

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

11. Registration Number (In case of Firms, Companies etc.)

[Grid for Registration Number]

12. Whether citizen of India? Please Tick as applicable

Yes

No

13(a) Are you a salaried employee? If yes, indicate

Others

Government

Name of the Organisation where working

[Grid for Name of the Organisation where working]

(b) If you are engaged in a business/profession, indicate nature of business or profession and fill the relevant code

[Grid for nature of business or profession and fill the relevant code]

(c) If you are not covered by (a) or (b) above, indicate sources of income, if any

[Grid for sources of income, if any]

