## Form No. 49A

Only 'Individuals'

State / Union Tarritory

## **Application for Allotment of Permanent Account Number**

Only 'Individuals' to affix recent

Under section 139A of the Income Tax act, 1961 photograph (3.5 cm × 2.5 cm) photograph (3.5 cm × 2.5 cm) To avoid mistake (s), please follow the accompanying instructions and examples before filling up the form Assessing officer (AO code) Area code AO type Range code AO No. Sign/ Tumb impression across this photo Signature/Left Thumb Impression Sir, I/We hereby request that a permanent account number be allotted to me/us. I/We give below necessary particulars: 1 Full Name (Full expanded name to be mentioned as appearing in proof of identity/address documents: initials are not permitted) Please select title, Shri Kumari M/s Last Name / Surname First Name Middle Name 2 Have you ever been known by any other name? (please tick) as applicable) If yes, please give that other name as applicable Please select title, Last Name / Surname First Name Middle Name 3 Sex (for Individual applicants only) Male Female (Please tick as applicable) 4 Date of Birth/Incorporation/Agreement/Partnership or Trust Deed/ Formation of Body of individuals or association of Persons Day Month Year 5 Father's Name (Only 'Individual' applicants: Even married women should give father's name only) Last Name / Surname **First Name** Middle Name 6 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

7 Address for Communication	Residence	Office (Please tick as applicable)
8 Telephone Number & Email ID details  Country code STD Code	Telephone Number / Mobile numb	per
Email ID		
9 Status of applicant		
Please select status, as applicable		Government
Individual Hindu undivided family	Company	Partnership Firm Association of Persons
Trusts Body of Individuals	Local Authority	Artificial Juridical Persons Limited Liability Partnership
10 Registration Number (for company, firms, etc.)		
11 Whether citizen of India?	Yes	No (Please tick as applicable)
12 Source of Income		Please select status, as applicable
Salary		Capital Gains
Income from Business / Profession Business/Professi	on code Refer table at point no.	12 Income from Other sources
Income from House property	<u> </u>	No income
13 Representative Assessee (RA)		
Full name, address of the Representative Assessee, who is assessible	e under the Income Tax Act in respect of th	ne person, whose particulars have been given in the column 1-
12.		
Full Name (Full expanded name: initials are not permitted)		
Please select title, as applicable Shri	Smt. Kumari	M/s
Last Name / Surname		
First Name		<del></del>
Middle Name		
RA's Address Flat/Room/ Door / Block No.		
Name of Premises/ Building/ Village	<u>                                     </u>	<del></del>
Road/Street/ Lane/Post Office		<del></del>
Area / Locality / Taluka/ Sub- Division		
Town / City / District		
State / Union Territory	Pincode	
14 Documents submitted as Proof of Identity(POI) and Proof	of Address (POA)	
I/We have enclosed	as proof of identity and	
as proof of address.	as proof of facility and	
true to the best of my information and belief	, the applicant, do	o hereby declare that what is stated above is
true to the best of my information and belief.		
Place		
5 5 M M V V V V		
D D M M Y Y Y Y Date		Signature / Left Thumb Impression of Applicant (inside the box)