Only 'Individuals'

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]

Only 'Individuals'

| Sign / Left Thumb impression | l |
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| Sir | ۲, | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I/V | Ve hereby request that | a perm | anent ad | ccour | nt nu | mbe | r be | allo | ottec | d to i | me/ι | IS. | | | | | | | | | | | | | | | | | | |
| I/V | Ve give below necessa | ry partio | culars: | | | | | | | | | | | | | | | | | | | Sig | natur | e / Le | ft Thu | ımb I | mpre | ssion | | |
| 1 | Full Name (Full expa | anded n | ame to | be m | enti | oned | d as | ар | pea | ring | in p | roo | f of | iden | ntity | /dat | e of | birt | h/ad | ldre | ss d | ocu | mei | nts: | initi | als | are | not p | ermit | ted |
| | Please select title, | as ap | plicable | 9 | | Shri | i . | | | Smt | | L | K | ıma | ri | L | M/ | s | | | | | | | | | | | | |
| | Last Name / Surname | Э | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | First Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Middle Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Abbreviations of the | e above | name, | as y | ou w | oul(| d lik | ce it | , to | be p | orint | ed | on t | he F | PAN | car | d | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Have you ever been | knowr | n by any | oth(| er na | ame1 | ? | | | Ye | s | | | No |) | | | | | | | (ple | ase | tick | as | арр | lica | ble) | | |
| | If yes, please give that o | ther nan | ne | | | | | _ | | | | | _ | | | | , | | | | | | | | | | | | | |
| | Please select title, | as ap | plicable |) | Щ | Shri | | | | Smt | | L | K | ıma | ri | L | M/ | s | | | | | | | | | _ | | | |
| | Last Name / Surname | Э | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | First Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | _ | |
| | Middle Name | | | | Ш | | | | | L | | | L | | | | | | | | | | | | | | | Ш | | |
| 4 | Gender (for Individu | ıal appl | licants | only) | | | | | | Ma | ale | | | Fe | mal | е | | | | | | (ple | ase | tick | as | app | lica | ble) | | |
| 5 | Date of Birth/Incorp | oration | /Agreer | ment | /Parf | tners | ship | o or | Tru | st D | eed | / Fo | rma | tion | of | Bod | ly of | ind | ivid | uals | s or | Ass | ocia | atio | ı of | Per | son | s | | |
| | Day Month | | Year | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Details of Parents (a | applica | ble only | / for | indiv | /idua | al a | ppli | can | ts) | | | | | | | | | | | | | | | | | | | | |
| | Father's Name (Mar | ndatory | . Even n | narri | ed w | ome | en s | shou | ıld 1 | fill ir | n fat | her' | 's na | ame | onl | y) | | | | | | | | | | | | | | |
| | Last Name / Surname | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | First Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Middle Name | | | | | | | | | | | | | | | | | | | | | | | | | | | Ш | | |
| | Mother's Name (opt | ional) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Last Name / Surname | e | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | First Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | T | | | | | | | | | | | | | | | | | | | | | | | | |
| | Middle Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Middle Name Select the name of e | ither fat | her or m | nothe | r whi | ch y | ou r | L nay | like | to b | e pr | inte | d or | PAI | N ca | ırd (| Sele | ct o | ne c | nly) | | | | | | | | | | |
| | | | | | | - | | • | | | | | | | N ca | ırd (| Sele | ect o | ne c | nly) | | | | | | | | | | |
| | Select the name of e | | | | ard v | - | e is | sue | d wi | | | .'s n | ame | ·) | N ca | · | Sele | | | | (as | appl | licab | ole) | | | | | | |
| 7 | Select the name of e | | | | ard v | will b | e is | sue | d wi | | | .'s n | ame | ·) | | · | Sele | | | | | appl | licat | ole) | | | | | | |
| 7 | Select the name of e | provide | | | ard v | will b | e is | sue | d wi | | | .'s n | ame | ·) | | · | Sele | | | | | appl | licab | ole) | | | | | | |
| 7 | Select the name of e (In case no option is | provide | d then P | | ard v | will b | e is | sue | d wi | | | .'s n | ame | ·) | | · | Sele | | | | | аррі | licat | ole) | | | | | | |
| 7 | Select the name of e (In case no option is Address Residence Address | provide | d then P | | ard v | will b | e is | sue | d wi | | | .'s n | ame | ·) | | · | Sele | | | | | аррі | licat | ole) | | | | | | |
| 7 | Select the name of e (In case no option is Address Residence Address Flat / Room / Door / B | provided lock No. uilding / | d then P | | ard v | will b | e is | sue | d wi | | | .'s n | ame | ·) | | · | Sele | | | | | аррі | licab | ole) | | | | | | |
| 7 | Select the name of e (In case no option is Address Residence Address Flat / Room / Door / B Name of Premises / B | provided lock No. uilding / | d then P Village | | ard v | will b | e is | sue | d wi | | | .'s n | ame | ·) | | · | Sele | | | | | appi | licab | ple) | | | | | | |
| 7 | Select the name of e (In case no option is Address Residence Address Flat / Room / Door / B Name of Premises / B Road / Street / Lane/F | provided lock No. uilding / | d then P Village | | ard v | will b | e is | sue s na | d wi | ith fa | hther | M M | ame | ·) | | · | Sele | | | | | appl | licak | pole) | | | | | | |
| 7 | Select the name of e (In case no option is Address Residence Address Flat / Room / Door / B Name of Premises / B Road / Street / Lane/P Area / Locality / Taluka | provide lock No. uilding / Post Offic a/ Sub- [| d then P Village | | ard v | will b | e is | sue s na | d wi | ith fa | | M M | ame | ·) | name | e | Sele | (Ple | ease | | | appi | licab | pole) | | | | | | |

| | Office Address | | | | | | | | | | | | | | | | | | | | _ | _ | _ | _ | _ | _ | 7 |
|----|--|----------------------|---|----------|---------------------------|------------|--|------------|--|------------------------|--------------------|-----------------------------|--|--------------------|--------|-------|-------|-------|--------|-------|-------------------------|-----------------------|-----------|------------|-------|-------|----------|
| | Name of office | | | | | | | | | | | | | | | | | | L | | | | | \perp | | | |
| | Flat / Room / Door / Block No. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Name of Premises / Building / Village | | | | | | | | | | | | | | Ī | | | | | | | | | | | | |
| | Road / Street / Lane/Post Office | | | | | | | | | | | | | | | | | | | | | | Γ | \top | T | | 7 |
| | Area / Locality / Taluka/ Sub- Division | | | | | | | | | | | | | | | | | | | | | | \top | | | | 7 |
| | Town / City / District | | | | | | | | | | | | | | | | | | | | | | | T | | | |
| | State / Union Territory | | · | _ | F | inco | ode / | Zip | coc | le_ | _ | | Col | untr | y Na | me | _ | _ | _ | · | _ | _ | _ | _ | _ | - | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Address for Communication | | | | | i | Res | side | nce | | | | | C | Offic | е | | | (F | Pleas | se ti | ck a | ıs a | ilaa | cab | le) | |
| 9 | Telephone Number & Email ID details | | | | L | | | | | | | | _ | | | • | | | ٧- | | | •• | | PP. | | , | |
| | Country code Area/STD C | ode | | | | Т | elep | hon | e/N | Иobi | le nı | umb | er | | | | | | | | | | | | | | |
| | | | | | | Γ | Ť | | | Т | | Т | | Т | | | | | | | | | | | | | |
| | Email ID | | | | | | | | | | | | | | | | | | | 7 | | | | | | | |
| 10 | Status of applicant | | | | | | | | | | | | | | | | | | | _ | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | _ | _ | _ | | | | | |
| | Please select status, 🗸 as applicable | | | | | 1 | | | | | | | | | | | | | | Ļ | = | | | men | | | |
| | Individual Hindu undivid | ed fa | mily | | | Co | mpa | ny | | | | | Par | tne | rship | Fir | m | | | L | | Ass | ocia | tion | of F | Pers | ons |
| | Trusts Body of Indivi | duals | ; | | | Lo | cal A | utho | ority | | | | Arti | ificia | al Ju | ridic | al P | erso | ons | | | Limi | ted | Liab | ility | Par | tnership |
| 11 | Registration Number (for company, fi | rms, | LLP | s et | tc.) | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | In case of a person, who is required t | o quo | ote A | ladi | harı | num | nber | or t | he E | Enro | lme | nt II | O of | Aad | dhai | r ap | plic | atio | n fo | rm a | as p | er s | ect | ion | 139 | AA | |
| | Please mention your AADHAAR number | (if al | lotte | d) | | | | | | | | | | | | | | | | | | | | | | | |
| | If AADHAAR number is not allotted, plea | ise m | entic | on th | he e | nrol | men | t ID | of A | adh | aar a | appl | catio | on fo | orm | | | | | | | | | | | | _ |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Name as per AADHAAR letter or card or | as p | er th | e E | nrol | men | t ID | of A | adha | aar a | appli | cati | on fo | orm | | _ | | | _ | 1 | 1 | _ | | _ | 1 | | ٦ |
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| | | | | | • | - | | | | | | | | | | | _ | _ | | - | - | | _ | | | | |
| 13 | Source of Income | | | | | | | | | | | | | | | | | | | Plea | se s | sele | ct, | √ | as | арр | licable |
| 13 | Source of Income Salary | | | | | | | | | | | | | | | · | | | | Plea | | sele | - | | as | арр | licable |
| 13 | 7 | Bus | sines | s/Pi | rofes | ssio | n co | de | | | [F | or C | Code | e: Re | efer | inst | ructi | ons | | Plea | Cap | oital | Ga | ins | | | licable |
| 13 | Salary | Bus | sines | ss/Pi | rofes | ssio | n co | de | | | [F | For C | Code | e: Re | efer | insti | ructi | ons | | Plea | Cap | oital | Ga | ins m O | | | |
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| 14 | Salary Income from Business / Profession Income from House property Representative Assessee (RA) Full name, address of the Representative been given in the column 1-13. Full Name (Full expanded name : inition of Please select title, ✓ as applicable Last Name / Surname First Name Middle Name 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 Documents submitted as Proof of Ide I/We have enclosed as proof of address and [Please refer to the instructions (as specifical fanexure A, Annexure B & Annexure C as I/We I/We | ntity ed in | Sesse | ee, ot p | who erm F F of I whe | is a itter | asses d) Smt. and | ress s pro | s (Poof (a) a a 332) fble] licar | OA) of id s profor lis | ancentition of the | ri I Prey, [of daman | oof (| M// f bir fry co | Act | of E | espe | (PC | of the | e per | Cap | pital pome inco | Gae fro | e pa | rticu | r sou | ırces |
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