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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)

Area code		AO type		Range code			AO No.	

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/date of birth/address documents: initials are not permitted)

Please select title, as applicable Shri Smt. Kumari M/s

Last Name / Surname	S	H	A	R	M	A													
First Name	R	A	V	I	S	H													
Middle Name	K	U	M	A	R														

2 Abbreviations of the above name, as you would like it, to be printed on the PAN card

3 Have you ever been known by any other name? Yes No (please tick as applicable)

If yes, please give that other name

Please select title, as applicable Shri Smt. Kumari M/s

Last Name / Surname																			
First Name																			
Middle Name																			

4 Gender (for individual applicants only) Male Female (please tick as applicable)

5 Date of Birth/Incorporation/Agreement/Partnership or Trust Deed/ Formation of Body of individuals or Association of Persons

Day	Month	Year
15	06	1990

6 Details of Parents (applicable only for individual applicants)

Father's Name (Mandatory. Even married women should fill in father's name only)

Last Name / Surname	S	H	A	R	M	A													
First Name	R	O	H	I	T														
Middle Name	K	U	M	A	R														

Mother's Name (optional)

Last Name / Surname	S	H	A	R	M	A													
First Name	M	A	D	H	U														
Middle Name																			

Select the name of either father or mother which you may like to be printed on PAN card (Select one only)

(In case no option is provided then PAN card will be issued with father's name)

Father's name Mother's name (Please tick as applicable)

7 Address

Residence Address

Flat / Room / Door / Block No.	4	5	A																
Name of Premises / Building / Village	V	Y	A	S	C	O	L	O	N	Y									
Road / Street / Lane/Post Office																			
Area / Locality / Taluka/ Sub- Division																			
Town / City / District	J	O	D	H	P	U	R												
State / Union Territory	RAJASTHAN					Pincode / Zip code					Country Name								
						3 0 4 2 5 5					INDIA								

Office Address

Name of office

A X I S B A N K

Flat / Room / Door / Block No.

S A R D A R P U R A

Name of Premises / Building / Village

Road / Street / Lane/Post Office

Area / Locality / Taluka/ Sub- Division

J O D H P U R

Town / City / District

J O D H P U R

State / Union Territory

Pincode / Zip code

Country Name

RAJASTHAN

3 5 6 4 2 0

INDIA

8 Address for Communication

Residence

Office

(Please tick as applicable)

9 Telephone Number & Email ID details

Country code

Area/STD Code

Telephone / Mobile number

+ 9 1

9 8 7 6 5 4 3 2 1 0

Email ID

DEMO@GMAIL.COM

10 Status of applicantPlease select status, as applicable Individual Hindu undivided family Company Partnership Firm Government Association of Persons Trusts Body of Individuals Local Authority Artificial Juridical Persons Limited Liability Partnership**11 Registration Number (for company, firms, LLPs etc.)****12 In case of a person, who is required to quote Aadhar number or the Enrolment ID of Aadhar application form as per section 139 AA**

Please mention your AADHAAR number (if allotted)

If AADHAAR number is not allotted, please mention the enrolment ID of Aadhaar application form

Name as per AADHAAR letter or card or as per the Enrolment ID of Aadhaar application form

13 Source of IncomePlease select, as applicable Salary Income from Business / Profession

Business/Profession code

[For Code: Refer instructions]

 Income from House property Capital Gains Income from Other sources No income**14 Representative Assessee (RA)**

Full name, address of the Representative Assessee, who is assessable under the Income Tax Act in respect of the person, whose particulars have been given in the column 1-13.

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

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

Pincode

15 Documents submitted as Proof of Identity (POI), Proof of Address (POA) and Proof of Date of Birth (POB)

I/We have enclosed _____ as proof of identity,

as proof of address and _____

as proof of date of birth.

[Please refer to the instructions (as specified in Rule 114 of I.T. Rules, 1962) for list of mandatory certified documents to be submitted as applicable]

[Annexure A, Annexure B & Annexure C are to be used wherever applicable]

16 I/We _____, the applicant, in the capacity of _____ do hereby declare that what is stated above is true to the best of my/our information and belief.

Place :

Date :

D D M M Y Y Y Y

Signature / Left Thumb Impression of Applicant (inside the box)