

**Form No. 49A**  
**Application for Allotment of Permanent Account Number**  
**[In case of Indian Citizen / 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

**INSTRUCTION FOR FILLING FORM 49 A**

- Use **BLACK INK** for filling the **FORM** and **SIGNATURE**. **USE BLOCK LETTERS ONLY**.
- 'Individual' applicants should paste two recent, coloured photograph (stamp size : 3.5 cms x 2.5 cms) The Photograph should be not be stapled or clipped. The clarity of image on PAN card will depend on the quality and clarity of photograph pasted on the form.
- Thumb impression, if used, should be attested by a Magistrate or a Notary Public or a Gazetted Officer, under official seal and stamped.
- Each box, wherever provided, should contain only one character (alphabets/number/punctuation sign.) leaving box blank after each word.
- Please sign / left thumb across photograph (Left hand side)

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

Sign/ Left Thumb Impression  
across this photo

**Assessing officer (AO code)**

Area Code	AO type	Range code	AO No.

Sir,

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

I/We give below necessary particulars:

Signature/Left Thumb Impression

**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

First Name

Middle Name

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

**3. Have you ever been know 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

**6. Details of Parents (applicable only for individual applicants)**

Whether mother is a single parent and you wish to apply for PAN by furnishing the name of your mother only?

☐ Yes ☐ No (Please tick as applicable)

If yes, please fill in mother's name in the appropriate space provide below.

**Father's Name (Mandatory except where mother is a single parent and PAN is applicable by furnishing the name of mother only)**

Last Name / Surname

First Name

Middle Name

**Mother's Name (Optional except where mother is a single parent and PAN is applicable by furnishing the name of mother only)**

Last Name / Surname

First Name

Middle Name

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

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

(In case no option is provided then PAN card will be issued with father's name except where mother is a single parent and you wish to apply for PAN by furnishing name of the mother only).

**7. 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

Pin code / 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

State/ Union Territory

Pin code / Zip code

Country Name

8. Address for Communication		<input type="checkbox"/> Residence	<input type="checkbox"/> Office	(Please tick as applicable)
9. Telephone Number & Email ID details				
Country Code	STD Code	Telephone Number / Mobile Number		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
E-mail ID <input type="text"/>				
10. Status of applicant				
Please select title, <input checked="" type="checkbox"/> as applicable				
<input type="checkbox"/> Individual	<input type="checkbox"/> Hindu undivided family	<input type="checkbox"/> Company	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Government
<input type="checkbox"/> Trusts	<input type="checkbox"/> Body of Individuals	<input type="checkbox"/> Local Authority	<input type="checkbox"/> Artificial Juridical Persons	<input type="checkbox"/> Association of Persons
				<input type="checkbox"/> Limited Liability Partnership
11. Registration Number (for company, firms, LLPs etc.)				
<input type="text"/>				
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) <input type="text"/>				
If Aadhaar number is not Allotted, please mention the Enrolment ID of Aadhar application form <input type="text"/>				
Name as per Aadhaar letter or card or as per the Enrollment ID of Aadhaar application form <input type="text"/>				
13. Source of Income				
Please select status, <input checked="" type="checkbox"/> as applicable				
<input type="checkbox"/> Salary	<input type="checkbox"/> Capital Gains			
<input type="checkbox"/> Income from Business / Profession	Business/Profession code <input type="text"/>	(For Code:Refer Instruction)	<input type="checkbox"/> Income from Other sources	
<input type="checkbox"/> Income from House property			<input type="checkbox"/> 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, <input checked="" type="checkbox"/> as applicable <input type="checkbox"/> Shri <input type="checkbox"/> Smt. <input type="checkbox"/> Kumari <input type="checkbox"/> M/s				
Last Name / Surname <input type="text"/>				
First Name <input type="text"/>				
Middle Name <input type="text"/>				
Address				
Flat/Room/Door/Block No. <input type="text"/>				
Name of Premises/Building/ Village <input type="text"/>				
Road/Street/Lane/Post Office <input type="text"/>				
Area/ Locality/ Taluka/ Sub-division <input type="text"/>				
Town/ City/ District <input type="text"/>				
State/ Union Territory <input type="text"/> Pin code <input type="text"/>				
15. Documents submitted as Proof of Identity (POI) and Proof of Address (POA) and Proof of Date of Birth (POB)				
I/We have enclosed <input type="text"/> as proof of identity, <input type="text"/>				
as proof of address and <input type="text"/> 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 <input type="text"/> the applicant, in the capacity of <input type="text"/>				
do hereby declare that what is stated above is true to the best of my/our information and belief.				
Place <input type="text"/>				
Date <input type="text"/>				
<input type="text"/>				
Signature / Left Thumb Impress of Applicant (inside the box)				