

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

**Minor
Photo with
Parent Across
Signature**

**Minor
Photo
Only**

Assessing officer (AO code)

Area code			AO type	Range code			AO No.	
A	P	R	W	1	1	1	0	1

**Parent Signature /
Thumb Impression only**

Pls Select your nearest
City / Town / District

Below 18 Year Old Children

Male ← → **Female**

1 Full Name (Full expanded name to be mentioned as appearing in proof of identity/date of birth/address documents)

Please select title, as applicable

Shri Smt. Kumari M/s

Last Name / Surname

A B C D

First Name

M N O P Q

Middle Name

X Y Z

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

A	B	C	D	M	N	O	P	Q	X	Y	Z								
				M	N	O	P	Q	X	Y	Z	A	B	C	D				

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

Applicant Name Can Also Write Like This

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					
0	1	0	1	0	0	0	1

Tick Either Male Or Female

6 Details of Parents (applicable only for individual applicants)

Father's Name (Mandatory).

Initials Are Not Permitted in Father Name Column (MD ,SK ,OM)

Last Name / Surname

X Y Z

First Name

A B C D

Middle Name

M N O P Q

Mother's Name (optional)

ABCD MNOPQ XYZ ← **Father Name will display on Pancard**

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)

(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.

D O O R N O

Name of Premises / Building / Village

S T R E E T / L A N E

Road / Street / Lane/Post Office

C O L O N Y

Area / Locality / Taluka/ Sub- Division

C I T Y / T O W N

Town / City / District

D I S T R I C T

State / Union Territory

Pincode / Zip code

Country Name

STATE NAME

1 2 3 4 5 6

INDIA

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

Pincode / Zip code

Country Name

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 9

Email ID

steelcity.visakhapatnam@xmail.com

10 Status of applicantPlease select status, as applicable Individual Hindu undivided family Company Partnership Firm Trusts Body of Individuals Local Authority Artificial Juridical Persons Government Association of 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)

1 2 3 4 1 2 3 4 1 2 3 4

← MINOR AADHAR NO ONLY

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

1 2 3 4 5 1 2 3 4 5 1 2 3 4 D D M M Y Y Y Y H H M M S S

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

A B C D M N O P Q X Y Z

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 **Minor & Student****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.

MALE**FEMALE**← **Tick Either Male Or Female**

Full Name (Full expanded name :

Initial's Are Not PermittedPlease 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

Pincode

STATE NAME

1 2 3 4 5 6

15 Documents submitted as Proof of Identity (POI), Proof of Address (POA) and Proof of Date of Birth (POB)I/We have enclosed **Parent identity proof** as proof of identity,**Parent Address Proof**as proof of address and **Minor Date Of Birth (Aadhar card)** 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]

MALE / FEMALE16 I/We **Minor Name**, the applicant, in the capacity of**Him self / Her self**

do hereby declare that what is stated above is true to the best of my/our information and belief.

Place :

City / Town / District

Date :

D D M M Y Y Y Y

0 1 0 1 0 0 0 1

← **Ack Receipt Generated Date****Parent Signature /
Thumb Impression only**