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

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

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

(3.5 cm x 2.5 cm)		Ass	sessing		. ,			uie ac	compa	ıııyıı	ig ilisti	uctioi	is allo	i Gaai	npies	Delo		Assessing officer (AO code) Area code AO type Range code AO No.													
		Α	rea cod	е		AO	type			Ra	nge d	ode	•		AC	N	0.														
Sign	ature/Left thumb impression																	7											_		
	r, I/We hereby reques			nt acc	coun	nt num	ber l	oe al	lotte	d to	me/ι	ıs.									Sic	gnatu	re/Let	ft Thu	ımb In	npres	sion				
1	Full Name (Full ex	panded	name to	be n	neni	tione	l as	appe	arin	g i	n pro	of c	f ide	entit	ty/ad	ldre	ess (_ Jocι	ıme	nts:											
	Please select title,	√ as a	pplicable	Э		Shri			Smt			K	uma	ri		M	/s														
	Last Name / Surna	me						Т	Τ						П										Т]		
	First Name							+	+	T															\vdash				ĺ		
	Middle Name							+	+	t															\vdash		\vdash	\vdash	1		
2	Abbreviations of t	OII V	vould	like	it to	he	nrii	nted	on f	he P	ΔΝ	card	1	1												J					
_			T				Т			γ						· 				-				1	\neg	\neg	\neg	\neg			
					+							+		+	_	+	+	+			+	+		+	+	+	+	+			
2		!		41				\vdash				\vdash	1								/ I -		4:-1				- -\				
3	Have you ever been lf yes, please give that	er na	name? Yes No (please tic											TICE	k as applicable)																
	Please select title,		pplicable	Э		Shri			Smt			٦ĸ	uma	ri		M	/s														
	Last Name / Surna							\top							Ш	J]		
	First Name							+																	\vdash		\vdash		1		
	Middle Name						+	+	+	+															\vdash	\vdash	\vdash	\vdash	1		
4	Gender (for Indivi		P				٦.	/lale		\vdash	Fem				Tran						/ . I .				арр				J		
5	Date of Birth/Inco Day Month	rporation				tners	hip c	or Tr	ust C)ee	d/ Fo	rma	ition						uals												
6	Details of Parents Father's Name : (I									in	fathe	r's	nam	e oı	nly)																
	Last Name / Surnar	me																													
	First Name]		
	Middle Name	41 N																													
	Mother's Name (o Last Name / Surnar	. ,							_																		$\overline{}$]		
	First Name	iii C								\vdash															\vdash]		
	Middle Name								1				<u> </u>												+				1		
	Select the name of	either fat	ther or n	nother	wh	ich vo	u ma	ıv lik	e to l	oe i	orinte	d or	ı PAI	N ca	ard (se	elect	one o	only)											J		
	(In case no option i														,																
7	Address					Fath	er's	nam	Э				Moth	ner's	Nan	ne			(.	Pleas	e tick	as ap	plica	ble)							
	Residence Addres).					\top]		
	Name of Premises /																								\top			T	1		
	Road / Street / Lane	Post Offi	ice]		
	Area / Locality / Talu		Division					_																	╙	<u> </u>	L	L	_		
	Town / City / District]		
	State / Union Territory Pincode / Zip code C														Cou	untry	/ Na	me						,							
	Office Address Name of office]		
	Flat / Room / Door /	Block No).																												
	Name of Premises /	_	_																						L						
	Road / Street / Lane									L															\perp	<u>_</u>	L				
	Area / Locality / Talu		Division					\perp		L															\vdash	<u> </u>	<u> </u>	lacksquare			
	Town / City / District							_		L		<u></u>						L								<u></u>	Щ				
State / Union Territory								Pind	ode	/ Zi	р сос	le						Cou	untry	/ Na	me										

8 Address for Communication	Residence						Office (Please tick as applicable)							
9 Telephone Number & Email ID details																			
Country code Area/STD Code			Tele	phor	ne / Mo	bile	num	ber			_								
Email ID]							
10 Status of applicant																			
Please select status, 🗸 as applicable													Gc	overnn	nent				
Individual Hindu undivided family	Cor	mpany				Par	tners	ship F	irm				As	sociat	ion c	of Pe	rsons		
Trusts Body of Individuals	al Auth	ority			Λ rtit	Artificial Juridical Persons						Limited Liability Partnership							
11 Registration Number (for company, firms, LLPs etc	ai Autii	ЮПЦ			Arui	unciai Junulcai Persons						J L''''	illeu i	_labii	ily F	arurersnip			
Registration Number (for Company, mins, EEFS etc			\top	\top	\top	Τ		\top		٦									
12 In Case of a person, who is required to quote Aadha	ar num	ber/Th	ne En	rolm	ent ID	of A	adh	aar a	ppli	cation	for	rm as	_ s per	secti	on 1:	39A	١		
Please mention your AADHAAR number (if allotted)						1 []			,						
If AADHAAR number is not allotted, please mention the	enrolm	ent ID	of Aad	dhaai	applic	ation	n for	m m		ı									
Name as per AADHAAR letter/card or as per the Enrolm	of Aadl	haar a	applic	ation f	orm														
13 Source of Income											F	Pleas	e sele	ect,	√] ;	as ap	plicable		
Salary													Capita	al Gai	ns				
Income from Business / Profession Business/Pro	fession	code			[For C	ode	: Re	fer in	struc	tions]		i	ncom	ne fror	n Otl	ner s	ources		
Income from House property											Ī	= ,	No inc	come					
											_								
14 Representative Assessee (RA) Full name, address of the Representative Assessee, w	ho is a	ecoccib	do un	dor th	o Inco	mo -	Tay /	\ct in	roci	oot o	f tha	nore	son v	whoso	nort	iculo	re havo		
been given in the column 1-13.	110 15 43	SSESSIN	ne un	uei ii	ie ilico	ille	IAX F	ACT III	169	Ject 0	ı uıc	pers	ori, v	VIIOSE	рап	icuia	15 Have		
Full Name (Full expanded name : initials are not pe	mittad	1/																	
Please select title, $\sqrt{}$ as applicable Shri		Smt.		Kun	aari		M/s												
		JIII.		Kuii	lall	\perp	IVI/S						\neg	\neg			\neg		
Last Name / Surname								+					+	+	\forall	+			
Middle Name													+	+		+	\dashv		
Address																			
Flat / Room / Door / Block No.																			
Name of Premises / Building / Village																			
Road / Street / Lane/Post Office																			
Area / Locality / Taluka/ Sub- Division																			
Town / City / District													\bot	\perp					
State / Union Territory	Pinco	de																	
15 Documents submitted as Proof of Identity (POI), Pro	of of A	ddress	s (PO	A) ar	d Pro	of of	f Dat	e of	Birtl	ı (DO	B)								
I/We have enclosed]	raaf a	f ida	T								—]				
		_ as p	roof o □]				
as proof of address and			_	•	of of da														
[Please refer to the instructions (as specified in Rule 17				(2) fo	r list of	f ma	ndat	ory c	ertifie	ed doo	ume	ents t	o be	subm	itted	as a	pplicable]		
[Annexure A, Annexure B & Annexure C are to be used when			-				Г												
16 I/We	,	the app	olicant	t, in tl	пе сар	acity	of [
do hereby declare that what is stated above is true to the	ne best	of my/o	our in	forma	ation a	nd be	elief.												
Place :																			
D D M M Y Y Y Y																			
Date :																			
			S	ignat	ure / L	eft T	hum	b Imp	oress	ion of	A	pplica	ınt (ir	nside 1	he b	ox)			