PLS FILL ALL RED COLOURED DATA COMPULSORY BEFORE SCANNING . INCASE OF ANY PENALTY WE ARE NOT RESPONSIBLE Form No. 49A **Applicant** Application for Allotment of Permanent Account Number **Applicant** In the case of Indian Citizens/Indian Companies/Entities incorporated in India/ Photo Unincorporated entities formed in Indial Photo See Rule 114 To avoid mistake (s), please follow the accompanying instructions and examples before filling up the form With Across Assessing officer (AO code) Only Signature Area code AO type Range code **Applicant Signature /** Pls select your Nearest City / Town / District Thumb Impression only **Un-Married Women** Female Male 1 Full Name (Full expanded name to be mentioned as appearing in proof of identity/date of birth/address documents Shri Smt. Kumari M/s Non - Individual Category Only Please select title.

as applicable ABCD Last Name / Sumame MNOPQ First Name Middle Name 2 Abbreviations of the above name, as you would like it, to be printed on the PAN card MNOPQ XYZ MNOPQ XYZ ABCD ✓ No 3 Have you ever been known by any other name? Yes (please tick as applicable) If yes, please give that other name Applicant Name Can Also Write Like This Please select title.

as applicable Shri Kumari Last Name / Surname First Name Middle Name **Male** 4 Gender (for Individual applicants only) Female 5 Date of Birth/Incorporation/Agreement/Partnership or Trust Deed/ Formation of Body of individuals or Association of Persons Day Tick Either Male Or Female 0 1 0 0 0 1 6 Details of Parents (applicable only for individual applicants) Initials Are Not Permitted in Father Name Column (MD,SK & OM) Father's Name (Mandatory.) Last Name / Sumame BCD First Name MNOPQ Middle Name Father Name will display on Panacard Mother's Name (optional) ABCD MNOPQ XYZ Last Name / Sumame 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. Name of Premises / Building / Village Road / Street / Lane/Post Office Area / Locality / Taluka/ Sub- Division Town / City / District Pincode / Zip code State / Union Territory Country Name 1 2 3 4 5 6 STATE NAME 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	
ľ	Country code Area/STD Code Telephone / Mobile number	
	91 9878654329	
	Email D steelcity.visakhapatnam@xmail.com	
١		
10) Status of applicant	
	Please select status, 🗸 as applicable	
	Vindividual Hindu undivided family Company Partnership Firm Association of Persons	
	Trusts Body of Individuals Local Authority Artificial Juridical Persons Limited Liability Partnersh	in
11	Registration Number (for company, firms, LLPs etc.)	'IP
- 11	Negistration number (to company, mins, ELF s etc.)	
12	2 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	
	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	
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	A SC D MIN OF Q A T Z	
13	3 Source of Income Please select, ✓ as applicabl	9
	SalaryCapital Gains	
	Income from Business / Profession Business/Profession code [For Code: Refer instructions] Income from Other sources	
ΙГ	Income from House property	
14	4 Representative Assessee (RA) Student	
	Full name, address of the Representative Assessee, who is assessible 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.	
1	Name of Premises / Building / Village	
	Road / Street / Lane/Post Office	
	Area / Locality / Taluka/ Sub- Division	
	Town / City / District	
	State / Union Territory Pincode	
,0000		
15	5 Documents submitted as Proof of Identity (POI), Proof of Address (POA) and Proof of Date of Birth (POB)	
	I/We have enclosed IDENTITY PROOF as proof of identity, ADDRESS PROOF	
	as proof of address and DATE OF BIRTH PROOF as proof of date of birth. [Places refer to the instructions (as appointed in Bullet 44 of LT Bullet 1662) for list of mandators actified decuments to be submitted as applicable.	
	[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 / Female	
16	3 I/We APPLICANT 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.	1
1	Applicant Signature /	
1	CITY/TOWN/DISTRICT	
1	Date: 0 1 0 1 0 0 0 1 Ack Receipt Generated Date	1
		1