

Application for Allotment of Permanent Account Number

Under Section 139A of the Income Tax Act, 1961

(To avoid mistake(s), please follow the accompanying instructions and examples carefully before filling up the form)

To

The Assessing Officer

Area Code AO Type Range Code AO No.

| | | | | | | | | |
|--------------|--|--|--|--|--|--|--|--|
| Ward/ Circle | | | | | | | | |
| Range | | | | | | | | |
| Commissioner | | | | | | | | |

Sir,

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

I/We give below necessary particulars :

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

Signature/ Left Thumb
Impression

1. Full Name (Full expanded name : initials are not permitted)

Please Tick as applicable Shri Smt. Kumari M/s

Last Name / Surname First Name

Middle Name

2 Name you would like printed on the card

3 Have you ever been known by any other name? Please Tick as applicable Yes No

If yes, please give that other name

(Full expanded name : initials are not permitted) Shri Smt. Kumari M/s

Last Name / Surname First Name

Middle Name

4. Father's Name (Only 'Individual' applicants : Even married women should give father's name only)

Last Name / Surname First Name

Middle Name

5. Address

R. Residential Address

Flat/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

O. Office Address (Name of Office)

(Indicating PIN is mandatory)

Flat/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

(Indicating PIN is mandatory)

6. Address for communication Please Tick as applicable R or O

| | | | | | | | | | | | |
|--|----------------------|--------------------------|--------------------------|---------------------------------|--------------------------|-----------------------------|--------------------------|--|--|-----|-------------------------------|
| 7. Tel. No. | <input type="text"/> | STDCode | <input type="text"/> | Tel. No. | <input type="text"/> | email ID | <input type="text"/> | | | | |
| 8. Sex (For 'Individual' Applicants only) Please Tick <input checked="" type="checkbox"/> as applicable | | Male | <input type="checkbox"/> | Female | <input type="checkbox"/> | | | | | | |
| 9. Status of the Applicant Please Tick <input checked="" type="checkbox"/> as applicable | | Individual | <input type="checkbox"/> | Firm | <input type="checkbox"/> | Body of Individuals | <input type="checkbox"/> | | | | |
| | | Hindu Undivided Family | <input type="checkbox"/> | Association of Person | <input type="checkbox"/> | Local Authority | <input type="checkbox"/> | | | | |
| | | Company | <input type="checkbox"/> | Association of Persons (Trusts) | <input type="checkbox"/> | Artificial Juridical Person | <input type="checkbox"/> | | | | |
| 10. Date of Birth / Incorporation / Agreement / Partnership or Trust Deed / Formation of Body of Individuals/ Associations of Persons | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | |
| | | D | D | M | M | Y | Y | | | | |
| 11. Registration Number (In case of Firms, Companies etc.) | <input type="text"/> | | | | | | | | | | |
| 12. Whether citizen of India ? Please Tick <input checked="" type="checkbox"/> as applicable | | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | | | | | |
| 13(a) Are you a salaried employee ? If yes, indicate Government <input type="checkbox"/> Others <input type="checkbox"/> | <input type="text"/> | | | | | | | | | | |
| Name of the Organisation where working | <input type="text"/> | | | | | | | | | | |
| (b) If you are engaged in a business/ profession, indicate nature of business or profession and fill the relevant code | <input type="text"/> | | | | | | | | | | |
| (c) If you are not covered by (a) or (b) above, indicate sources of income, if any | <input type="text"/> | | | | | | | | | | |
| 14. 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 column 1 to 13. | | | | | | | | | | | |
| Full Name(Full expanded name : initials are not permitted) Please tick <input checked="" type="checkbox"/> as applicable | Shri | <input type="checkbox"/> | Smt. | <input type="checkbox"/> | Kumari | <input type="checkbox"/> | M/s | <input type="checkbox"/> | | | |
| Last Name / Surname | <input type="text"/> | | | | | First Name | <input type="text"/> | | | | |
| | <input type="text"/> | | | | | | | | | | |
| MiddleName | <input type="text"/> | | | | | | | | | | |
| Address | | | | | | | | | | | |
| Flat/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 | <input type="text"/> |
| | | | | | | | | | | | (Indicating PIN is mandatory) |
| 15. I/We have enclosed <input type="text"/> as proof of identity and <input type="text"/> as proof of address | | | | | | | | | | | |
| I/We <input type="text"/> , the applicant, do hereby declare that what is stated above is true to the best of my/our information and belief. | | | | | | | | | | | |
| Verified today, the | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | |
| | D | D | M | M | Y | Y | Y | Y | | | |
| | <input type="text"/> | | | | | | | Signature/ Left Thumb Impression of Applicant (inside the box) | | | |