

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				

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

X

Signature/ Left Thumb Impression

Sir,

I/We hereby request that a permanent account number be allotted to me/us.
I/We give below necessary particulars :

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

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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. STDCode Tel. No. email ID

8. Sex (For 'Individual' Applicants only) Please Tick as applicable Male Female

9. Status of the Applicant Please Tick as applicable
 Individual P Firm F Body of Individuals B
 Hindu Undivided Family H Association of Person A Local Authority L
 Company C Association of Persons (Trusts) T Artificial Juridical Person J

10. Date of Birth / Incorporation / Agreement / Partnership or Trust Deed / Formation of Body of Individuals/ Associations of Persons
D D M M Y Y Y Y

11. Registration Number (In case of Firms, Companies etc.)

12. Whether citizen of India ? Please Tick as applicable Yes No

13(a) Are you a salaried employee ? if yes, indicate Government Others
 Name of the Organisation where working

(b) If you are engaged in a business/ profession, indicate nature of business or profession and fill the relevant code

(c) If you are not covered by (a) or (b) above, indicate sources of income, if any

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 as applicable Shri Smt. Kumari M/s

Last Name / Surname First Name
 Middle Name

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 (Indicating PIN is mandatory)

15. I/We have enclosed as proof of identity and as proof of address

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

Signature/ Left Thumb Impression of Applicant (inside the box)

Verified today, the
D D M M Y Y Y Y