

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)

Sir,

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

I/We give below necessary particulars :

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

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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.

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Name of Premises / Building / Village

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Road / Street / Lane / Post Office

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Area / Locality / Taluka / Sub - Division

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Town / City / District

State / Union Territory

Pin

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

O. Office Address (Name of Office)

(Indicating PIN is mandatory)

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Flat/Door/Block No.

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Name of Premises / Building / Village

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Road / Street / Lane / Post Office

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Area / Locality / Taluka / Sub - Division

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Town / City / District

State / Union Territory

Pin

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(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 Firm Body of Individuals
Hindu Undivided Family Association of Person Local Authority
Company Association of Persons (Trusts) Artificial Juridical Person

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

15. I/We have enclosed as proof of identity and as proof of address (Indicating PIN is mandatory)

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

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

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