Only 'Individuals' to affix recent 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] Under section 139A of the Income Tax Act, 1961 avoid mistake (s), please follow the accompanying instructions and examples before filling up the form														to	affix i	viduals recent raph 2.5 cm														
		Ass	essin	ng o	officer	(AO	cod	e)																							
Sign/ leftTumb impression across this photo			Α	rea	code			AO	type			Ra	ange	cod	le		AO	No.	1												
]																			l						Signa	ature/	Left Thu	ımb Imp	ressic	on
	I/We hereby request that a permanent account number be allotted to me/us. I/We give below necessary particulars:																														
1 Full Name (Full ex	pande	d nar	ne to	be	mentio	ned a	s app	eari	ng in	pro	of of	iden	tity/	addr	ess	docume	nts: i	nitial	s ar	e not	permit	tted))								
Please select title,	\checkmark	as a	pplica	able			Shr	i			Smt				Kur	nari		M/s	S												
Last Name / Surna	me																														
First Name		Н	\square	_		+	-	_	-		\square	_	_	_			┢			\vdash	+	+	+	_							
2 Abbreviation of the above name, as you would like it, to be printed on the PAN card																															
	_											_											+		+		+	+			
2 Hovo you over be	on kr		a hv	201	othor	nam	~2	I			Vor				No										-1		:	-1		1	
-	3 Have you ever been known by any other name? Yes No (Pleasetick as applicable) If yes, please give that other name Yes No (Pleasetick as applicable)																														
Please select title,	\checkmark		pplica				Shr	i			Smt]		Kur	nari		M/s	s												
Last Name / Surna First Name	me	Н	\square	_		+	-	_	-		\square	_	_	_			┢			\vdash	+	+	+	_							
Middle Name		\square	\vdash	_		┼─	┢		┢	-	H			_		\vdash	┼╴		\vdash	\vdash	+	╈	╈								
4 Gender (for Individ	lual ap	oplica	ints o	only)							Mal	e			Fen	nale						. ()	Pleas	se tio	ck as	appl	icabl	e)			
5 Date of Birth/Inc						/Dart	nor	hin	or T	ruct			L				. of i	ndiv	idu	alc a								-,			
	lonth		n/ Ag	-	ar	Part	ners	mp		rusi	t Dee	eu/ i	-on	lidu	011 0	JI DOUY	yorn	nuiv	luu		ASSU	Jula	tion		Pers	ons					
6 Father's Name (O	nly 'In	divid	lual' a	appli	icants: I	Even r	narri	ed w	vome	en sh	ould	fill ir	n fatl	her's	nan	ne only))														
Last Name / Surna	me																														
First Name			\vdash	_		+	<u> </u>	_	┣		\square			_			+			\vdash	+	_	+	_							
Middle Name						_		_									_				_	_	_								
7 Address Residence Addres	ss																														
Flat/Room/ Door /		No.																													
Name of Premises/	/ Build	ling/	Villa	ge]		
Road/Street/ Lane,	/Post	Offic	e																												
Area / Locality / Ta	luka/	Sub-	Divis	sion																											
Town / City / Distri	ct																														
									Pir	ncode	e / Zi	ip co	ode							Cou	ntry	/ Nar	me					-			
Office Address Name of office											П						Т				Т	Т	Т		Т		Т	Т	٦		
Flat/Room/ Door / Block No.																	T				+	+			\pm				i		
Name of Premises/ Building/ Village									· 								<u> </u>					$\frac{1}{1}$		$\frac{1}{1}$		<u> </u>	T		า		
Road/Street/ Lane/Post Office										\square						$\frac{1}{1}$			\square	╈	+	+		╈	+	+	╈	า			
Area / Locality / Taluka/ Sub- Division							<u> </u>								$\frac{1}{1}$					T	╈		╡	+	╈	\pm	i				
Town / City / District								\exists	_					$\frac{1}{1}$			\square	\pm	$\frac{1}{1}$	╈	+	╈		+	+	f					
State / Union Territory Pincode / Zip code Country Name																															
																													1		
8 Address for Com	muni	catio	n								Resi	den	0					Offi	CO.			/	Dlong	o ti	ck a	s app	alice	(hla)			

9 Telephone Number & Email ID details									
Country code Area/STD Code Telephone / Mobile number									
Email ID									
10 Status of applicant									
Please select status, 🖌 as applicable									
Individual Hindu undivided family Company Partnership Firm Association of Persons Trusts Body of Individuals Local Authority Artificial Juridical Persons Limited Liability Partnership									
11 Registration Number (for company, firms, LLPs, etc.)									
12 Incase of a citizen of India, then									
Please mention your AADHAAR number (if allotted)									
13 Source of income Please select status, 🖌 as applicable									
Salary Capital Gains									
Income from Business / Profession Business/Profession code									
Income from House property									
14 Representative Assessee (RA) 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 the									
column 1-13.									
Full Name (Full expanded name: initials are not permitted)									
Please select title, 🖌 asapplicable Shri Smt. Kumari M/s									
Last Name / Surname									
First Name									
Middle Name									
Address 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									
15 Documents submitted as Proof of Identity(POI) and Proof of Address (POA)									
I/We have enclosed as proof of identity and									
as proof of address.									
[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]									
16 I/We , the applicant, in the capacity of									
do hereby declare that what is stated above is true to the best of my/our information and belief.									
Place									
D D M M Y Y Y Y Signature/Left Thumb Impression of									
Date Signature/Left Humb Impression of Applicant (inside the box)									

INSTRUCTIONS FOR FILLING FORM 49A

Form to be filled legibly in BLOCK LETTERS and preferably in BLACK INK. Form should be filled in English only. a)

b) Each box, wherever provided, should contain only one character (alphabet /number / punctuation sign) leaving a blank box after each word.

'Individual' applicants should affix two recent colour photographs with white backgrounds (size 3.5 cm x 2.5 cm) in the space provided on the form. The photographs should not be stapled or clipped to the form. The clarity of image on PAN card will depend on the quality and clarity of photograph affixed on the form. Signature / Left hand thumb impression should be provided across the photo affixed on the left side of the form in such a manner that portion of signature/impression is on photo as well as on form c) d)

photo as well as on form Signature /Left hand thumb impression should be <u>within the box</u> provided on the right side of the form. The signature should not be on the photograph affixed on right side of the form. If there is any mark on this photograph such that it hinders the clear visibility of the face of the applicant, the application will not be accepted. Thumb impression, if used, should be attested by a Magistrate or a Notary Public or a Gazetted Officer under official seal and stamp. AO code (Area Code, AO Type, Range Code and AO Number) of the Jurisdictional Assessing Officer must be filled up by the applicant. These details can be obtained from the Income Tax Office Or IT PAN Service Centers may (managed by UTIITSL) Or UTIITSL website <u>www.utiitsl.com</u> e)

Ð g)

Guidelines for filling the Form49A:

h)

1. Fı	ull Name :																									
	ct appropriate tit							the I	First :	and th	he La	st na	me/Sı	irnar	ne											
	For example RAV	R	A	V	I	K	A A	N	Т																	
		ĸ	A	v	1	ĸ	A	IN	1																	
	First Name																									
	Middle Name																									
-	For example SU	RESI	H SA	RDA	shou	ld be	wri	tten a	is:																	
	Last Name / Surname	S	Α	R	D	Α																				
	First Name	S	U	R	Е	s	Н																			
	Middle Name																									
-	For example P		NAM	IRA	VIN	JARA	YA	N sh	ould	be w	vritte	en as	:													
	_			1		-				1																
	Last Name / Surname		A	R	A	Y	A	N																		
	First Name	Р	0	0	N	A	M																			
	Middle Name	R	Α	V	Ι																					
-	For example S	SAT	YAN	I VE	NKA	AT N	1. K.	RAC) she	ould	be w	ritte	en as	:												
	Last Name / Surname	R	Α	0																						
	First Name	s	А	Т	Y	Α	М																			
	Middle Name	V	Е	N	К	Α	Т		М		К															
-	For example M.S.							OMA		DRAI			SWA	MV) shou	uld be	writ	ten a	e.							
-	Last Name / Surname	K	A	N	D	A	s	W	A	M	Y															
		M			U				A	IVI	1															
	First Name		A	D		R	A	I		n																
	Middle Name	S	0	М	Α	S	U	Ν	D	R	Α	Μ														
	Applicant other												- C T													
	Non-Individuals should write their full name starting from the first block of Last Name/Surname. If the name is longer than the space provided for first and Middle Name																									
-	For exa																									
	Last Name / Surname	Х	Y	Z		D	Α	Т	Α		С	0	R	Р	0	R	A	Т	Ι	0	N		(Ι	Ν	D
	First Name	Ι	Α)		Р	R	Ι	V	Α	Т	Е		L	Ι	М	Ι	Т	Е	D						
	Middle Name			L /																						
	For example MA		D.T.A.1		AT 1			LE) als	anld	how																
	· · ·		-	1				-	-	-		1					_			_		6			F	
	Last Name / Surname	Μ	Α	N	0	J		Μ	A	F	A	Т	L	Α	L		D	Α	V	E		(Н	U	F)
	First Name																									
	Middle Name																									
	In case of Comp																									
	Limited' viz. Py																		be 1	Priva	te Li	mite	d' on	ly		
	In case of sole p Name should no																	me.								
			-			-								, 1,114	.jor, r											
							-																			
	Individual appl								ated	nam	e to l	se pri	inted	on tl	he PA	AN c	ard. 1	Name	e if a	bbrev	viate	d sho	ould			
	necessarily con SATYAM VEN								tha N	Jama	field	Losi														
-				1	Jwm		wint					as.										1				
	Last Name / Surname	R	A	0	**																					
	First Name	S	Α	Т	Y	Α	M																			
	Middle Name	V	E	N	K	Α	Т		Μ		K															
	Can be written a																					Л.К.I	RAO			
	or SATYAM V										s sho	uld b	e san	ne as	last n	ame	field	in ite	em no	1 ab	ove.					
	3. Have you	ı eve	r be	en ki	nowi	n by :	any e	other	r nar	ne?																
	If applicant sel												f the	other	r nam	ne. Ir	nstruo	ctions	s in It	em N	o. 1 י	with	respec	et to r	ame	apply
	here. Title shou	ıld b	e sin	nilar	to th	e title	e me	ntior	ned in	n Iter	n No	b. 1.														
	4. Gender	Th	is fi	eld is	s mai	ndate	ory fo	or In	divic	luals	. Fie	ld sh	ould	be l	eft bl	lank	in ca	ise o	f oth	er ar	plic	ants.				
	5. Date of Bir	th/I	ncor	pora	tion/	Agr	eeme	ent /F	Partn	ersh	ip or	: Tru	ist De	eed/I	Form	atio	n of I	Body	of Ir	ndivio	luals/	Asso	ociatio	on of		
	Persons			•		0					•							·								
	Date cannot be	a fut	ure d	late. I	Date:	2nd	Aug	ust 19	975 s	shoul	d be	writt	en as	:												
				Y Y		_	U																			
		_	_	9 7	_	5																				
	Relevant date for						rants	is																		
	Individual: Actual	Date	of Bi	irth; C	lompa	any: D	ate of	Inco																		
	Association of Per Deed; Partnership	Firm	s: Dat	te of F	artne	rship	Deed;	LLP	s: Dat	e of I	ncorp	oratio	n/regi	strati	on; H	UFs:	Date d	of crea	ation o	of HU	TF and	l for				
	ancestral HUF dat	e can	be 01	-01-0	001 v	vhere	the da	ite of	creati	on is i	not av	ailabl	le.													
	6. Father's Name																									
	Applicable to Individuals only. Instructions in Item No.1 with respect to name apply here. Married woman applicant should give father's																									
name and not husband's name.																										
7. Address – Residence and office																										
	R - Residence Address: For Individuals, HUF, AOP, BOI or AJP, residential address is mandatory. Other applicants should leave this field blank.																									
	O - Office Addres		COP, I	BOLO	r AJP	, resid	ential	addre	255 15 1	manda	itory.	Other	appli	cants	should	i leav	e this	nela	blank.							
	(1) Name of Office																				n [Ite	em No	5.13]			
	(2) In case of Firm For all categor	ies of	applie	cants i																	on Tei	rritory	у,			
	and PINCODE In case a foreig	are n	nanda	tory.			-			-							-									
	8. Address f					men it	19 1118	muato	.y 10	PLOVIC	n 00	anury .	. vaine	arong	5 with	ZIF (Jue c	n me	counti	. y .						
	o. Auuress i	or co		umea	nion																					
	Individuals/HUF																	ld nee	cessai	rily ir	ndicat	e 'Of	fice' a	is the		
	Address for Com							will	be se	nt at t	the ac	idress	sindic	cated	in thi	s field	d.									
	9. Telephone																									
	1. Telephone Nu For example	imber	shou	Id inc	lude	count	ry coo	de (IS	D co	de) an	d ST	D Coo	de or l	Mobi	le No	. shoi	ıld ind	clude	count	ry co	de (IS	SDC	ode).			
	For example Country code	. UT		D CO		~ 233.	55705	- 01 L	senn s	Juoule				ber/N	Mobile	e nun	ıber									
	9 1							1	1		2	2	5	5	5	7	0	5	1							
	Where'91' is		count	TY CO	de of	India	and	11 is	the s	⊐ STD 4								I	1							
	.(ii) Mobile n	umbe	er 910	02511	111 •						as :															
	Country code	>	S	TDC	ode					_		<u> </u>			r / M						1					
	9 1	.			1	1					9	1	0	2	5	1	1	1	1	1	1					
					-						·										1					
	Where '9									_											1					
	2. It is man	datory	/ for t	he app	plican	nts to r	nentic																			
		datory ny dis	/ for t crepa	he app ney ir	plican 1 the a	its to r applica	nentic ation a	and/o	r for r	eceivi	ing P⊿	AN th	rough													

	Status of Applicant ield is mandatory for all categories	s of applicants. In case o	of 'Limite	ed Liability Partnership', the PAN will be allotted in 'Firm' status.								
	Registration number											
				any should mention registration number issued by the Registrar of								
	In case of a citizen of India?			any State or Central Government Authority as to be quoted (Supported by copy of AADHAAR Letter/Card)								
13.		cted by the applicant the	en an app	sources of incomes, as mentioned in the form. In case, the income ropriate business profession code should be mentioned. Please								
Code	Business/Profession	eet the cushiess, protess.	Code	Business/Profession								
1 Medical Profession and Business 11 Films, TV and such other entertainment 2 Engineering 12 Information Technology												
3 Arch	itecture		13	Builders and Developers								
	recountant/Accountancy		14	Members of Stock Exchange, Share Brokers and Sub-Brokers Performing Arts and Yatra								
	nical Consultancy		16	Operation of Ships, Hovercraft, Aircrafts or Helicopters								
	7 Company Secretary 17 Plying Taxis, Lorries, Trucks, Buses or other Commercial Vehicles											
×	ernment Contractors		19	Cinema Halls and Other Theatres								
<u> </u>	10 Insurance Agency 20 Others											
14. Name and address of Representative Assessee Section 160 of Income Tax Act, 1961 provides that any person (assessee) can be represented through Representative Assessee. Therefore this column should be filled by representative assessee only as specified in Section 160 of the Income-Tax Act, 1961, such as, an agent of the non resident, guardian or manager of a minor, lunatic or idiot, Court of wards, Administrator General, Official Trustee, receiver,manager,trustee of a Trust including Wakf. This field will contain particulars of Representative Assessee. This field is mandatory if applicant is minor, deceased, idiot, lunatic or mentally retarded. Column 1 to 13 will contain details of person on whose behalf this application is submitted. Proof of Identity and Proof of address is also required for representative assessee.												
15. Proof of Identity and Proof of Address documents It is mandatory to attach proof of identity and proof of address with PAN application. Documents should be in the name of applicant. List of documents which will serve as proof of identity and address for each status of applicant is as given below: ** ** Document acceptable as proof of identity and address as per Rule 114 of Income Tax Rules, 1962 For Individuals and HUF(Copy of) For proof of Identity:i> School Leaving Certificate Or ii> Matriculation Certificate Or iii>Degree of recognized educational institution Or iv>Depository Account Statement Or v>Bank Account Statement/Passbook Or vi> Credit Card Or vii> Water Bill Or viii> Ration Card Or ix> Property Tax Assessment Order Or x>Passport Or xi>Voter Identity card Or xii>Driving License Or xii> Certificate of identity signed by Member of Parliament or Member of Legislative Assembly or Municipal Councillor or a Gazetted Officer. For proof of Address:(Copy of) i> Electricity Bill Or ii> Telephone Bill Or iii> Employer Certificate Or iv> Depository Account Statement Or v>Bank Account Statement/Passbook Or vi> Ration Card Or ix> Property Tax Assessment Order Or x> Passport Or xi> Driving License Or xii> Centificate Or iv> Bank Account Statement Or v>Bank Account Statement/Passbook Or vi> Credit Card Statement Or vii> Rent Receipt Or viii> Ration Card Or ix> Property Tax Assessment Order Or x> Passport Or xi> Voter Identity Card Or xi> Driving License Or xiii> Certificate of Address signed by Member of Parliament or Member or Legislative Assembly or Municipal Councillor or a Gazetted Officer												
Note	 In case of Minor, any of the above proof of Identity and Address of minor shall be deemed to be the the minor applicant. For HUF an affidavit made by the Family stating name, father's name coparceners on the date of application. 	any of parents/guardians proof of identity and addr e Karta of Hindu Undivide he and address of all the ation and copy of any of th	of such ress for ed he	 Proof of Address is required for residential address mentioned in item no. 7 In case of an Indian Citizen residing outside India, copy of Bank Account statement in country of residence or copy of Non-resident External (NRE) bank account statement 								
Other	above documents in the name of Karta of Huf is required. Other Company Copy of Certificate of Registration issued by the Registrar of Companies											
than Individual	Partnership Firm		-	tion issued by the Registrar of Firms or Copy of partnership deed								
and HUF	Limited Liability Partnership		-	tion issued by the Registrar of LLPs								
	Trust	1.6		ertificate of registration number issued by Charity Commissioner								
16	Association of Person, Body of Individuals, Local Authority, or Artificial Juridical Person Signature/Thumb impression:	Commissioner or regis	strar of c from an	of certificate of registration number issued by Charity o-operative society or any other competent authority or any other y Central or State Government Department establishing identity								
Applica Case of (vii) Re	tion must be signed by (i)applican AOP, Body of Individuals,Local A	Authority and Artificial J inor/deceased/idiot/luna	udicial F	 iii)Director of a Company or (iv) Authorized Signaturee in Person Or (v) Partner in case of Firm/LLP, Or (vi) Trustee Or ally retarded. Applications not signed in the given manner 								
				FOR PAN APPLICANTS								
 a. Applicants may obtain the application form for PAN (Form 49A) from any IT PAN Service centers (managed by UTIITSL) any other stationary vendor providing such forms or freely downloaded from the Income Tax Department website www.incometaxindia.gov.in / UTIITSL website (http://www.utiitsl.com). b. The fee for processing PAN application is Rs. 85/ (plus service tax, as applicable). In case, the PAN card is to be dispatched outside India then additional dispatch charge of Rs. 850 will have to be paid by applicant. c. Those already allotted a ten digit alphanumeric PAN shall not apply again as having or using more than one PAN is illegal. However, request for a new PAN card with the same PAN or/and Changes or Correction in PAN data can be made by filling up 'Request for New PAN Card or/and Changes or Correction in PAN bata' form available from any source mentioned in (a) above. The cost of application and processing fee is same as in the case of Form 49A. d. Applicant will receive an acknowledgment containing a 9 digit unique number on acceptance of this form. This acknowledgment number can be used for tracking the status of the application 												
		ACKNOV	VLED	GEMENT								
	ed Rs. 94/ (inclusive of app hanks from Shri/Smt/Kum/N											
	ation form 49 A Sr no											
	f Receipt											
	sing Fee Coupon no											
Service- t	ax Regn no: (ST/BAS/STC/BEL/4	20/2004-2005)										
	vice Center Code:			Authorized Signatory								
PAN Service Center Name: (With date stamp)												
For knowing the PAN you may visit our website: <u>http://www.utiitsl.com</u> . Any query /correspondence in this connection may be addressed by quoting the Application number/ processing fee Coupon Number to the addresses given below:-												
Navi Mumbai UTI Infrastructure Technology & Services Ltd. P. B NO 20, Plot no 3, Sector-11 CBD- Belapur, Navi Mumbai- 400614 Telephone: (022) 67931300 Fax : (022) 67931399 Email ID : <u>utiitsl.gsd@utiitsl.com</u>												
New Delhi UTI Infrastructure Technology & Services Ltd. Ground Floor, Jeevan Tara Building Opp Patel Chowk Metro Station 5, Parliament Street, New Delhi- 110001 Telephone : (011) 23741282-86 Fax: (011) 23741280 Email ID :- pan.delhi@utiitsl.com												
	Kolkata UTI Infrastructure Technology & Services Ltd 29,Netaji Subhash Road, Ground Floor, Opp Gilander House & Standard Chartered Bank, Kolkata- 700001 Telephone: (033) 22108959, 2242 - 4774/4810/4783 Fax: (033) 22435217 Email ID : Kolkata@utiitsl.com, pan.kolkata@utiitsl.com											
	Chennai UTI Infrastructure Technology & Service Ltd 45, Justice Basheer Ahmed Building, Second Floor Second Line Beach, Chennai- 600001 Telephone:-(044) 25341224/ 1265/ 1356 Fax : (044)- 25341346 Email ID:- <u>chennai@utiitsl.com</u> / <u>isw.chennai@utiitsl.com</u>											
				12) Talanhanas 0194 949000								