

**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 :

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

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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

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Middle Name

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

Last Name / Surname

First Name

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Middle Name

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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

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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. STD Code 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 Persons  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 / Association 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.

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

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