



**9 Telephone Number & Email ID details**

|                      |                      |                           |
|----------------------|----------------------|---------------------------|
| Country code         | Area/STD Code        | Telephone / Mobile number |
| <input type="text"/> | <input type="text"/> | <input type="text"/>      |

Email ID

**10 Status of applicant**

Please select status, ☒ as applicable

|                                     |                                                 |                                          |                                                       |                                                        |
|-------------------------------------|-------------------------------------------------|------------------------------------------|-------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Hindu undivided family | <input type="checkbox"/> Company         | <input type="checkbox"/> Partnership Firm             | <input type="checkbox"/> Government                    |
| <input type="checkbox"/> Trusts     | <input type="checkbox"/> Body of Individuals    | <input type="checkbox"/> Local Authority | <input type="checkbox"/> Artificial Juridical Persons | <input type="checkbox"/> Association of Persons        |
|                                     |                                                 |                                          |                                                       | <input type="checkbox"/> Limited Liability Partnership |

**11 Registration Number (for company, firms, LLPs, etc.)****12 In case of a citizen of India, then**

Please mention your AADHAAR number (if allotted)

**13 Source of Income**

Please select status, ☒ as applicable

|                                                                                                                                                                   |                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Salary                                                                                                                                   | <input type="checkbox"/> Capital Gains             |
| <input type="checkbox"/> Income from Business / Profession      Business/Profession code <input type="text"/> <input type="text"/> [For Code: Refer instructions] | <input type="checkbox"/> Income from Other sources |
| <input type="checkbox"/> Income from House property                                                                                                               | <input type="checkbox"/> No income                 |

**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, ☒ as applicable      ☐ Shri      ☐ Smt.      ☐ Kumari      ☐ M/s

Last Name / Surname

First Name

Middle Name

Address

|                                         |                              |
|-----------------------------------------|------------------------------|
| Flat/Room/ 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"/>         |
|                                         | Pincode <input type="text"/> |

**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

Date 

|                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| D                    | D                    | M                    | M                    | Y                    | Y                    | Y                    | Y                    |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

|                                                                 |
|-----------------------------------------------------------------|
| <input type="text"/>                                            |
| Signature / Left Thumb Impression of Applicant (inside the box) |

## INSTRUCTIONS FOR FILLING FORM 49A

- (a) Form to be filled legibly in **BLOCK LETTERS** and preferably in **BLACK INK**. Form should be filled in English only
- (b) Each box, wherever provided, should contain only one character (alphabet /number / punctuation sign) leaving a blank box after each word.
- (c) 'Individual' applicants should affix two recent colour photographs with white background(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.
- (d) 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.
- (e) Signature /Left hand thumb impression should be within the box 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.
- (f) Thumb impression, if used, should be attested by a Magistrate or a Notary Public or a Gazetted Officer under official seal and stamp.
- (g) 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 PAN Centre or websites of PAN Service Providers on [www.utiitsl.com](http://www.utiitsl.com) or [www.tin-nsdl.com](http://www.tin-nsdl.com).

(h) Guidelines for filling the Form 49A:

[illegible]

|                          |                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                   |                   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |  |  |  |  |                    |   |                    |   |   |   |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                          |   |   |   |   |   |  |   |   |   |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|                          |                                                                                                                            | <p>For example <b>XYZ DATA CORPORATION (INDIA) PRIVATE LIMITED</b> should be written as :</p> <table border="1"> <tr> <td><b>Last Name/Surname</b></td><td>X</td><td>Y</td><td>Z</td><td></td><td>D</td><td>A</td><td>T</td><td>A</td><td></td><td>C</td><td>O</td><td>R</td><td>P</td><td>O</td><td>R</td><td>A</td><td>T</td><td>I</td><td>O</td><td>N</td><td></td><td>(</td><td>I</td><td>N</td><td>D</td></tr> <tr> <td><b>First Name</b></td><td>I</td><td>A</td><td>)</td><td></td><td>P</td><td>R</td><td>I</td><td>V</td><td>A</td><td>T</td><td>E</td><td></td><td>L</td><td>I</td><td>M</td><td>I</td><td>T</td><td>E</td><td>D</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td><b>Middle Name</b></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>For example <b>MANOJ MAFATLAL DAVE (HUF)</b> should be written as :</p> <table border="1"> <tr> <td><b>Last Name/Surname</b></td><td>M</td><td>A</td><td>N</td><td>O</td><td>J</td><td></td><td>M</td><td>A</td><td>F</td><td>A</td><td>T</td><td>L</td><td>A</td><td>L</td><td></td><td>D</td><td>A</td><td>V</td><td>E</td><td></td><td>(</td><td>H</td><td>U</td><td>F</td><td>)</td></tr> <tr> <td><b>First Name</b></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td><b>Middle Name</b></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>In case of Company, the name should be provided without any abbreviations. For example, different variations of 'Private Limited' viz. Pvt Ltd, Private Ltd, Pvt Limited, P Ltd, P. Ltd., P. Ltd are not allowed. It should be 'Private Limited' only.</p> <p>In case of sole proprietorship concern, the proprietor should apply for PAN in his/her own name.</p> <p>Name should not be prefixed with any title such as Shri, Smt, Kumari, Dr., Major, M/s etc.</p> | <b>Last Name/Surname</b> | X | Y | Z |   | D | A | T | A |   | C | O | R | P | O | R | A | T | I | O | N |   | ( | I | N | D                 | <b>First Name</b> | I | A | ) |   | P | R | I | V | A | T | E |  | L | I | M | I | T | E | D |  |  |  |  |                    |   | <b>Middle Name</b> |   |   |   |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <b>Last Name/Surname</b> | M | A | N | O | J |  | M | A | F | A | T | L | A | L |  | D | A | V | E |  | ( | H | U | F | ) | <b>First Name</b> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <b>Middle Name</b> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Last Name/Surname</b> | X                                                                                                                          | Y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Z                        |   | D | A | T | A |   | C | O | R | P | O | R | A | T | I | O | N |   | ( | I | N | D |   |   |                   |                   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |  |  |  |  |                    |   |                    |   |   |   |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                          |   |   |   |   |   |  |   |   |   |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>First Name</b>        | I                                                                                                                          | A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | )                        |   | P | R | I | V | A | T | E |   | L | I | M | I | T | E | D |   |   |   |   |   |   |   |   |                   |                   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |  |  |  |  |                    |   |                    |   |   |   |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                          |   |   |   |   |   |  |   |   |   |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Middle Name</b>       |                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                   |                   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |  |  |  |  |                    |   |                    |   |   |   |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                          |   |   |   |   |   |  |   |   |   |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Last Name/Surname</b> | M                                                                                                                          | A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | N                        | O | J |   | M | A | F | A | T | L | A | L |   | D | A | V | E |   | ( | H | U | F | ) |   |   |                   |                   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |  |  |  |  |                    |   |                    |   |   |   |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                          |   |   |   |   |   |  |   |   |   |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>First Name</b>        |                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                   |                   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |  |  |  |  |                    |   |                    |   |   |   |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                          |   |   |   |   |   |  |   |   |   |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Middle Name</b>       |                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                   |                   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |  |  |  |  |                    |   |                    |   |   |   |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                          |   |   |   |   |   |  |   |   |   |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2                        | Abbreviation of the full name to be printed on the PAN card                                                                | <p>Individual applicants should provide full/abbreviated name to be printed on the PAN card. Name, if abbreviated, should necessarily contain the last name. For example:</p> <p><b>SATYAM VENKAT M. K. RAO</b> which is written in the Name field as :</p> <table border="1"> <tr> <td><b>Last Name/Surname</b></td><td>R</td><td>A</td><td>O</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td><b>First Name</b></td><td>S</td><td>A</td><td>T</td><td>Y</td><td>A</td><td>M</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td><b>Middle Name</b></td><td>V</td><td>E</td><td>N</td><td>K</td><td>A</td><td>T</td><td></td><td>M</td><td></td><td>K</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>Can be written as in 'Name to be printed on the PAN Card' column as</p> <p style="text-align: center;">SATYAM VENKAT M. K. RAO or<br/>S. V. M. K. RAO                      or<br/>SATYAM V. M. K. RAO</p> <p>For non individual applicants, this should be same as last name field in item no. 1 above.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Last Name/Surname</b> | R | A | O |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>First Name</b> | S                 | A | T | Y | A | M |   |   |   |   |   |   |  |   |   |   |   |   |   |   |  |  |  |  | <b>Middle Name</b> | V | E                  | N | K | A | T |  | M |  | K |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                          |   |   |   |   |   |  |   |   |   |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Last Name/Surname</b> | R                                                                                                                          | A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | O                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                   |                   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |  |  |  |  |                    |   |                    |   |   |   |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                          |   |   |   |   |   |  |   |   |   |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>First Name</b>        | S                                                                                                                          | A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | T                        | Y | A | M |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                   |                   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |  |  |  |  |                    |   |                    |   |   |   |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                          |   |   |   |   |   |  |   |   |   |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Middle Name</b>       | V                                                                                                                          | E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | N                        | K | A | T |   | M |   | K |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                   |                   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |  |  |  |  |                    |   |                    |   |   |   |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                          |   |   |   |   |   |  |   |   |   |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3                        | Have you ever been known by any other name?                                                                                | If applicant selects 'Yes', then it is mandatory to provide details of the other name. Instructions in Item No. 1 with respect to name apply here. Title should be similar to the title mentioned in Item No. 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                   |                   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |  |  |  |  |                    |   |                    |   |   |   |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                          |   |   |   |   |   |  |   |   |   |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4                        | Gender                                                                                                                     | This field is mandatory for Individuals. Field should be left blank in case of other applicants.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                   |                   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |  |  |  |  |                    |   |                    |   |   |   |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                          |   |   |   |   |   |  |   |   |   |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5                        | Date of Birth/Incorporation/ Agreement /Partnership or Trust Deed/Formation of Body of Individuals/ Association of Persons | <p>Date cannot be a future date. Date: 2nd August 1975 should be written as:</p> <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr> <td>0</td><td>2</td><td>0</td><td>8</td><td>1</td><td>9</td><td>7</td><td>5</td></tr> </table> <p>Relevant date for different categories of applicants is:</p> <p>Individual: Actual Date of Birth; Company: Date of Incorporation; Association of Persons: Date of formation/creation; Trusts: Date of creation of Trust Deed; Partnership Firms: Date of Partnership Deed; LLPs : Date of Incorporation/Registration; HUFs: Date of creation of HUF and for ancestral HUF date can be 01-01-0001 where the date of creation is not available.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D                        | D | M | M | Y | Y | Y | Y | 0 | 2 | 0 | 8 | 1 | 9 | 7 | 5 |   |   |   |   |   |   |   |   |   |                   |                   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |  |  |  |  |                    |   |                    |   |   |   |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                          |   |   |   |   |   |  |   |   |   |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| D                        | D                                                                                                                          | M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | M                        | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                   |                   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |  |  |  |  |                    |   |                    |   |   |   |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                          |   |   |   |   |   |  |   |   |   |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 0                        | 2                                                                                                                          | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 8                        | 1 | 9 | 7 | 5 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                   |                   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |  |  |  |  |                    |   |                    |   |   |   |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                          |   |   |   |   |   |  |   |   |   |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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                                                                                             | <p><b>R - Residence Address:</b><br/>For Individuals, HUF, AOP, BOI or AJP, residential address is mandatory. Other applicants should leave this field blank.</p> <p><b>O - Office Address:</b><br/>(1) Name of Office and address to be mentioned in case of individuals having source of income as salary or Business/profession[Item No.13].<br/>(2) In case of Firm, LLP, Company, Local Authority and Trust, name of office and complete address of office is mandatory.</p> <p>For all categories of applicants, it is necessary to mention complete address and the details of Town/City/District, State/Union Territory, and PINCODE are mandatory.</p> <p>In case, a foreign address is provided then it is mandatory to provide Country Name along with ZIP Code of the country.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                   |                   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |  |  |  |  |                    |   |                    |   |   |   |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                          |   |   |   |   |   |  |   |   |   |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8                        | Address for communication                                                                                                  | Individuals/HUFs/AOP/BOI/AJP may indicate either 'Residence' or 'Office' and other applicants should necessarily indicate 'Office' as the Address for Communication.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                   |                   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |  |  |  |  |                    |   |                    |   |   |   |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                          |   |   |   |   |   |  |   |   |   |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|              |                                                  | All communication will be sent at the address indicated in this field.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                   |                      |      |                                  |    |                                 |                                  |                                        |    |             |    |                        |    |              |    |                         |    |                                  |    |                                                          |    |                     |    |                           |    |                       |    |                                                          |              |                   |    |                                                                   |    |                                   |                                  |                                |    |                        |    |                                 |    |                  |    |        |   |  |  |  |   |   |   |   |   |   |   |   |   |   |
|--------------|--------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|----------------------|------|----------------------------------|----|---------------------------------|----------------------------------|----------------------------------------|----|-------------|----|------------------------|----|--------------|----|-------------------------|----|----------------------------------|----|----------------------------------------------------------|----|---------------------|----|---------------------------|----|-----------------------|----|----------------------------------------------------------|--------------|-------------------|----|-------------------------------------------------------------------|----|-----------------------------------|----------------------------------|--------------------------------|----|------------------------|----|---------------------------------|----|------------------|----|--------|---|--|--|--|---|---|---|---|---|---|---|---|---|---|
| 9            | Telephone Number and E-mail ID                   | <p>(1) Telephone number should include country code (ISD code) and STD code or Mobile No. should include Country code (ISD Code).</p> <p>For example :</p> <p>(i) Telephone number 23555705 of Delhi should be written as</p> <table border="1"> <tr> <td colspan="3">Country code</td> <td colspan="3">STD Code</td> <td colspan="8">Telephone Number / Mobile number</td> </tr> <tr> <td></td><td>9</td><td>1</td> <td></td><td>1</td><td>1</td> <td>2</td><td>3</td><td>5</td><td>5</td><td>5</td><td>7</td><td>0</td><td>5</td> </tr> </table> <p>Where '91' is the country code of India and 11 is the STD Code of Delhi.</p> <p>(ii) Mobile number 9102511111 of India should be written as</p> <table border="1"> <tr> <td colspan="3">Country code</td> <td colspan="3">STD Code</td> <td colspan="8">Telephone Number / Mobile number</td> </tr> <tr> <td></td><td>9</td><td>1</td> <td></td><td></td><td></td> <td>9</td><td>1</td><td>0</td><td>2</td><td>5</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td> </tr> </table> <p>Where '91' is the country code of India.</p> <p>(2) It is mandatory for the applicants to mention either their "Telephone number" or valid "e-mail id" so that they can be contacted in case of any discrepancy in the application and/or for receiving PAN through e-mail.</p> <p>(3) Application status updates are sent using the SMS facility on the mobile numbers mentioned in the application form.</p>                                                                                                                                                                                                   | Country code                                                      |                      |      | STD Code                         |    |                                 | Telephone Number / Mobile number |                                        |    |             |    |                        |    |              |    | 9                       | 1  |                                  | 1  | 1                                                        | 2  | 3                   | 5  | 5                         | 5  | 7                     | 0  | 5                                                        | Country code |                   |    | STD Code                                                          |    |                                   | Telephone Number / Mobile number |                                |    |                        |    |                                 |    |                  |    | 9      | 1 |  |  |  | 9 | 1 | 0 | 2 | 5 | 1 | 1 | 1 | 1 | 1 |
| Country code |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STD Code                                                          |                      |      | Telephone Number / Mobile number |    |                                 |                                  |                                        |    |             |    |                        |    |              |    |                         |    |                                  |    |                                                          |    |                     |    |                           |    |                       |    |                                                          |              |                   |    |                                                                   |    |                                   |                                  |                                |    |                        |    |                                 |    |                  |    |        |   |  |  |  |   |   |   |   |   |   |   |   |   |   |
|              | 9                                                | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   | 1                    | 1    | 2                                | 3  | 5                               | 5                                | 5                                      | 7  | 0           | 5  |                        |    |              |    |                         |    |                                  |    |                                                          |    |                     |    |                           |    |                       |    |                                                          |              |                   |    |                                                                   |    |                                   |                                  |                                |    |                        |    |                                 |    |                  |    |        |   |  |  |  |   |   |   |   |   |   |   |   |   |   |
| Country code |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STD Code                                                          |                      |      | Telephone Number / Mobile number |    |                                 |                                  |                                        |    |             |    |                        |    |              |    |                         |    |                                  |    |                                                          |    |                     |    |                           |    |                       |    |                                                          |              |                   |    |                                                                   |    |                                   |                                  |                                |    |                        |    |                                 |    |                  |    |        |   |  |  |  |   |   |   |   |   |   |   |   |   |   |
|              | 9                                                | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |                      |      | 9                                | 1  | 0                               | 2                                | 5                                      | 1  | 1           | 1  | 1                      | 1  |              |    |                         |    |                                  |    |                                                          |    |                     |    |                           |    |                       |    |                                                          |              |                   |    |                                                                   |    |                                   |                                  |                                |    |                        |    |                                 |    |                  |    |        |   |  |  |  |   |   |   |   |   |   |   |   |   |   |
| 10           | Status of Applicant                              | This field is mandatory for all categories of applicants. In case of 'Limited Liability Partnership', the PAN will be allotted in 'Firm' status.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                   |                      |      |                                  |    |                                 |                                  |                                        |    |             |    |                        |    |              |    |                         |    |                                  |    |                                                          |    |                     |    |                           |    |                       |    |                                                          |              |                   |    |                                                                   |    |                                   |                                  |                                |    |                        |    |                                 |    |                  |    |        |   |  |  |  |   |   |   |   |   |   |   |   |   |   |
| 11           | Registration number                              | Not applicable to Individuals and HUFs. Mandatory for 'Company'. Company should mention registration number issued by the Registrar of Companies. Other applicants may mention registration number issued by any State or Central Government Authority.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                   |                      |      |                                  |    |                                 |                                  |                                        |    |             |    |                        |    |              |    |                         |    |                                  |    |                                                          |    |                     |    |                           |    |                       |    |                                                          |              |                   |    |                                                                   |    |                                   |                                  |                                |    |                        |    |                                 |    |                  |    |        |   |  |  |  |   |   |   |   |   |   |   |   |   |   |
| 12           | In case of citizen of India                      | AADHAAR number, if allotted, has to be quoted (supported by copy of AADHAAR letter/card)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                   |                      |      |                                  |    |                                 |                                  |                                        |    |             |    |                        |    |              |    |                         |    |                                  |    |                                                          |    |                     |    |                           |    |                       |    |                                                          |              |                   |    |                                                                   |    |                                   |                                  |                                |    |                        |    |                                 |    |                  |    |        |   |  |  |  |   |   |   |   |   |   |   |   |   |   |
| 13           | Source of Income                                 | <p>It is mandatory to indicate at least one of the sources of incomes, as mentioned in the form. In case, the income from Business/profession is selected by the applicant then an appropriate business/ profession code should be mentioned.</p> <p>Please refer the table given below to select the business/profession code:</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Business/ Profession</th> <th>Code</th> <th>Business/ Profession</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>Medical Profession and Business</td> <td>11</td> <td>Films, TV and such other entertainment</td> </tr> <tr> <td>02</td> <td>Engineering</td> <td>12</td> <td>Information Technology</td> </tr> <tr> <td>03</td> <td>Architecture</td> <td>13</td> <td>Builders and Developers</td> </tr> <tr> <td>04</td> <td>Chartered Accountant/Accountancy</td> <td>14</td> <td>Members of Stock Exchange, Share Brokers and Sub-Brokers</td> </tr> <tr> <td>05</td> <td>Interior Decoration</td> <td>15</td> <td>Performing Arts and Yatra</td> </tr> <tr> <td>06</td> <td>Technical Consultancy</td> <td>16</td> <td>Operation of Ships, Hovercraft, Aircrafts or Helicopters</td> </tr> <tr> <td>07</td> <td>Company Secretary</td> <td>17</td> <td>Plying Taxis, Lorries, Trucks, Buses or other Commercial Vehicles</td> </tr> <tr> <td>08</td> <td>Legal Practitioner and Solicitors</td> <td>18</td> <td>Ownership of Horses or Jockeys</td> </tr> <tr> <td>09</td> <td>Government Contractors</td> <td>19</td> <td>Cinema Halls and Other Theatres</td> </tr> <tr> <td>10</td> <td>Insurance Agency</td> <td>20</td> <td>Others</td> </tr> </tbody> </table> | Code                                                              | Business/ Profession | Code | Business/ Profession             | 01 | Medical Profession and Business | 11                               | Films, TV and such other entertainment | 02 | Engineering | 12 | Information Technology | 03 | Architecture | 13 | Builders and Developers | 04 | Chartered Accountant/Accountancy | 14 | Members of Stock Exchange, Share Brokers and Sub-Brokers | 05 | Interior Decoration | 15 | Performing Arts and Yatra | 06 | Technical Consultancy | 16 | Operation of Ships, Hovercraft, Aircrafts or Helicopters | 07           | Company Secretary | 17 | Plying Taxis, Lorries, Trucks, Buses or other Commercial Vehicles | 08 | Legal Practitioner and Solicitors | 18                               | Ownership of Horses or Jockeys | 09 | Government Contractors | 19 | Cinema Halls and Other Theatres | 10 | Insurance Agency | 20 | Others |   |  |  |  |   |   |   |   |   |   |   |   |   |   |
| Code         | Business/ Profession                             | Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Business/ Profession                                              |                      |      |                                  |    |                                 |                                  |                                        |    |             |    |                        |    |              |    |                         |    |                                  |    |                                                          |    |                     |    |                           |    |                       |    |                                                          |              |                   |    |                                                                   |    |                                   |                                  |                                |    |                        |    |                                 |    |                  |    |        |   |  |  |  |   |   |   |   |   |   |   |   |   |   |
| 01           | Medical Profession and Business                  | 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Films, TV and such other entertainment                            |                      |      |                                  |    |                                 |                                  |                                        |    |             |    |                        |    |              |    |                         |    |                                  |    |                                                          |    |                     |    |                           |    |                       |    |                                                          |              |                   |    |                                                                   |    |                                   |                                  |                                |    |                        |    |                                 |    |                  |    |        |   |  |  |  |   |   |   |   |   |   |   |   |   |   |
| 02           | Engineering                                      | 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Information Technology                                            |                      |      |                                  |    |                                 |                                  |                                        |    |             |    |                        |    |              |    |                         |    |                                  |    |                                                          |    |                     |    |                           |    |                       |    |                                                          |              |                   |    |                                                                   |    |                                   |                                  |                                |    |                        |    |                                 |    |                  |    |        |   |  |  |  |   |   |   |   |   |   |   |   |   |   |
| 03           | Architecture                                     | 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Builders and Developers                                           |                      |      |                                  |    |                                 |                                  |                                        |    |             |    |                        |    |              |    |                         |    |                                  |    |                                                          |    |                     |    |                           |    |                       |    |                                                          |              |                   |    |                                                                   |    |                                   |                                  |                                |    |                        |    |                                 |    |                  |    |        |   |  |  |  |   |   |   |   |   |   |   |   |   |   |
| 04           | Chartered Accountant/Accountancy                 | 14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Members of Stock Exchange, Share Brokers and Sub-Brokers          |                      |      |                                  |    |                                 |                                  |                                        |    |             |    |                        |    |              |    |                         |    |                                  |    |                                                          |    |                     |    |                           |    |                       |    |                                                          |              |                   |    |                                                                   |    |                                   |                                  |                                |    |                        |    |                                 |    |                  |    |        |   |  |  |  |   |   |   |   |   |   |   |   |   |   |
| 05           | Interior Decoration                              | 15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Performing Arts and Yatra                                         |                      |      |                                  |    |                                 |                                  |                                        |    |             |    |                        |    |              |    |                         |    |                                  |    |                                                          |    |                     |    |                           |    |                       |    |                                                          |              |                   |    |                                                                   |    |                                   |                                  |                                |    |                        |    |                                 |    |                  |    |        |   |  |  |  |   |   |   |   |   |   |   |   |   |   |
| 06           | Technical Consultancy                            | 16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Operation of Ships, Hovercraft, Aircrafts or Helicopters          |                      |      |                                  |    |                                 |                                  |                                        |    |             |    |                        |    |              |    |                         |    |                                  |    |                                                          |    |                     |    |                           |    |                       |    |                                                          |              |                   |    |                                                                   |    |                                   |                                  |                                |    |                        |    |                                 |    |                  |    |        |   |  |  |  |   |   |   |   |   |   |   |   |   |   |
| 07           | Company Secretary                                | 17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Plying Taxis, Lorries, Trucks, Buses or other Commercial Vehicles |                      |      |                                  |    |                                 |                                  |                                        |    |             |    |                        |    |              |    |                         |    |                                  |    |                                                          |    |                     |    |                           |    |                       |    |                                                          |              |                   |    |                                                                   |    |                                   |                                  |                                |    |                        |    |                                 |    |                  |    |        |   |  |  |  |   |   |   |   |   |   |   |   |   |   |
| 08           | Legal Practitioner and Solicitors                | 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Ownership of Horses or Jockeys                                    |                      |      |                                  |    |                                 |                                  |                                        |    |             |    |                        |    |              |    |                         |    |                                  |    |                                                          |    |                     |    |                           |    |                       |    |                                                          |              |                   |    |                                                                   |    |                                   |                                  |                                |    |                        |    |                                 |    |                  |    |        |   |  |  |  |   |   |   |   |   |   |   |   |   |   |
| 09           | Government Contractors                           | 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Cinema Halls and Other Theatres                                   |                      |      |                                  |    |                                 |                                  |                                        |    |             |    |                        |    |              |    |                         |    |                                  |    |                                                          |    |                     |    |                           |    |                       |    |                                                          |              |                   |    |                                                                   |    |                                   |                                  |                                |    |                        |    |                                 |    |                  |    |        |   |  |  |  |   |   |   |   |   |   |   |   |   |   |
| 10           | Insurance Agency                                 | 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Others                                                            |                      |      |                                  |    |                                 |                                  |                                        |    |             |    |                        |    |              |    |                         |    |                                  |    |                                                          |    |                     |    |                           |    |                       |    |                                                          |              |                   |    |                                                                   |    |                                   |                                  |                                |    |                        |    |                                 |    |                  |    |        |   |  |  |  |   |   |   |   |   |   |   |   |   |   |
| 14           | Name and address of Representative Assessee      | <p>Section 160 of Income Tax Act, 1961 provides that any person(assessee) can be represented through Representative Assessee. Therefore, this column should be filled in 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.</p> <p>This field will contain particulars of the 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.</p> <p>Proof of Identity and Proof of address is also required for representative assessee.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                   |                      |      |                                  |    |                                 |                                  |                                        |    |             |    |                        |    |              |    |                         |    |                                  |    |                                                          |    |                     |    |                           |    |                       |    |                                                          |              |                   |    |                                                                   |    |                                   |                                  |                                |    |                        |    |                                 |    |                  |    |        |   |  |  |  |   |   |   |   |   |   |   |   |   |   |
| 15           | Proof of Identity and Proof of Address documents | It is <b>mandatory</b> to attach proof of identity and proof of address with PAN application. <b>Documents should be in the name of applicant.</b> 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Sr. No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Proof of Identity (Copy of)                                                                                                             | Proof of address (copy of)                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | School Leaving Certificate                                                                                                              | Electricity Bill <sup>^</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Matriculation Certificate                                                                                                               | Telephone Bill <sup>^</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Degree of recognised educational institution                                                                                            | Employer Certificate <sup>^</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Depository Account Statement                                                                                                            | Depository Account Statement <sup>^</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Bank Account Statement / Passbook                                                                                                       | Bank Account Statement / Passbook <sup>^</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Credit Card                                                                                                                             | Credit Card Statement <sup>^</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Water Bill                                                                                                                              | Rent Receipt <sup>^</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Ration Card                                                                                                                             | Ration Card                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Property Tax Assessment Order                                                                                                           | Property Tax Assessment Order                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Passport                                                                                                                                | Passport                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Voter Identity Card                                                                                                                     | Voter Identity Card                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Driving License                                                                                                                         | Driving License                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Certificate of identity signed by Member of Parliament or Member of Legislative Assembly or Municipal Councillor or a Gazetted Officer. | Certificate of address signed by Member of Parliament or Member of Legislative Assembly or Municipal Councillor or a Gazetted Officer.                                                                                                                                                                                                                                                                                                                                                    |
| <b>Note :-</b><br>1. In case of Minor, any of the above mentioned documents as proof of identity and address of any of parents/guardians of such minor shall be deemed to be the proof of identity and address for the minor applicant.<br>2. For HUF, an affidavit made by the Karta of Hindu Undivided Family stating name, father's name and address of all the coparceners on the date of application and copy of any of the above documents in the name of Karta of HUF is required. |                                                                                                                                         | <b>Note:</b><br>1. Proof of Address mentioned in Sr. No. 1 to 7 (^) should not be more than six months old on the date of application.<br>2. Proof of Address is required for residence address mentioned in item no. 7.<br>3. 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 statements.                                                                                 |
| Other than Individuals and HUF                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Company                                                                                                                                 | Copy of Certificate of Registration issued by the Registrar of Companies.                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Partnership Firm                                                                                                                        | Copy of Certificate of Registration issued by the Registrar of Firms or Copy of partnership deed.                                                                                                                                                                                                                                                                                                                                                                                         |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Limited Liability Partnership                                                                                                           | Copy of Certificate of Registration issued by the Registrar of LLPs                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Trust                                                                                                                                   | Copy of trust deed or copy of certificate of registration number issued by Charity Commissioner.                                                                                                                                                                                                                                                                                                                                                                                          |
| 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Association of Person, Body of Individuals, Local Authority, or Artificial Juridical Person                                             | Copy of Agreement or copy of certificate of registration number issued by charity commissioner or registrar of cooperative society or any other competent authority or any other document originating from any Central or State Government Department establishing identity and address of such person.                                                                                                                                                                                   |
| 16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Signature / Thumb impression                                                                                                            | Application must be signed by (i) the applicant; or (ii) Karta in case of HUF; or (iii) Director of a Company; or (iv) Authorised Signatee in case of AOP, Body of Individuals, Local Authority and Artificial Juridical Person; or (v) Partner in case of Firm/LLP; or (vi) Trustee; or (vii) Representative Assessee in case of Minor/deceased/idiot/lunatic/mentally retarded.<br><br>Applications not signed in the given manner and in the space provided are liable to be rejected. |

#### GENERAL INFORMATION FOR PAN APPLICANTS

- Applicants may obtain the application form for PAN (Form 49A) from any IT PAN Service Centres(managed by UTIITSL) or TIN-Facilitation Centres(TIN-FCs)/PAN Centres (managed by NSDL), or any other stationery vendor providing such forms or download from the Income Tax Department website([www.incometaxindia.gov.in](http://www.incometaxindia.gov.in))/UTIITSL website([www.utiitsl.com](http://www.utiitsl.com))/NSDL website ([www.tin-nsdl.com](http://www.tin-nsdl.com)).
- The fee for processing PAN application is ₹ 85/- (plus service tax, as applicable). In case, the PAN card is to be dispatched outside India then additional dispatch charge of ₹ 866 will have to be paid by applicant.
- 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 Data' 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.
- Applicant will receive an acknowledgment containing a unique number on acceptance of this form. This **acknowledgment number** can be used for tracking the status of the application.

(e) For more information / Application status enquiry contact:

| Mode        | Income-tax Department                                                    | NSDL                                                                                                                                                                                              |
|-------------|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Website     | <a href="http://www.incometaxindia.gov.in">www.incometaxindia.gov.in</a> | <a href="http://www.tin-nsdl.com">www.tin-nsdl.com</a>                                                                                                                                            |
| Call Center | 0124-2438000                                                             | 020-27218080                                                                                                                                                                                      |
| Email ID    |                                                                          | <a href="mailto:tininfo@nsdl.co.in">tininfo@nsdl.co.in</a>                                                                                                                                        |
| SMS         |                                                                          | SMS NSDLPAN <space> Acknowledgement No. & send to 57575 to obtain application status.<br>For example → Type 'NSDLPAN 881010101010100' and send to 57575                                           |
| Address     |                                                                          | <b>INCOME TAX PAN SERVICES UNIT</b> NSDL e-Governance Infrastructure Limited, 5th Floor, Mantri Sterling, Plot No. 341, Survey No. 997/8, Model Colony, Near Deep Bungalow Chowk, Pune - 411 016. |