

Form No. 49A

Application for Allotment of Permanent Account Number
 [In the case of Indian Citizens/Indian Companies/Entities incorporated in India/
 Unincorporated entities formed in India]

See Rule 114


To avoid mistake (s), please follow the accompanying instructions and examples before filling up the form

Photo not
Required
Authorized
Person's
Stamp &
Sign
Required

Photo
Not
Required

Assessing officer (AO code)

Area code		AO type	Range code			AO No.		
A	P	R	C	9	9	2	9	9

Pls select AO code in  below Government AO Code list only

Authorized Person's
Stamp & Sign Required

Signature / Left Thumb Impression

1 Full Name (Full expanded name to be mentioned as appearing in proof of identity/date of birth/address documents: initials are not permitted)

Please select title, as applicable Shri Smt. Kumari M/s

Last Name / Surname: **G O V T J U N I O R C O L L E G E A M A R A V A T I**

First Name: _____

Middle Name: _____

2 Abbreviations of the above name, as you would like it, to be printed on the PAN card

G O V T J U N I O R C O L L E G E A M A R A V A T I

3 Have you ever been known by any other name? Yes No (please tick as applicable)

If yes, please give that other name

Please select title, as applicable Shri Smt. Kumari M/s

Last Name / Surname: _____

First Name: _____

Middle Name: _____

4 Gender (for Individual applicants only) Male Female Transgender (please tick as applicable)

5 Date of Birth/Incorporation/Agreement/Partnership or Trust Deed/ Formation of Body of individuals or Association of Persons

Day: **15** Month: **12** Year: **2019**

6 Details of Parents (applicable only for individual applicants)

Whether mother is a single parent and you wish to apply for PAN by furnishing the name of your mother only?

Yes No (please tick as applicable)

If yes, please fill in mother's name in the appropriate space provide below.

Father's Name (Mandatory except where mother is a single parent and PAN is applied by furnishing the name of mother only)

Last Name / Surname: _____

First Name: _____

Middle Name: _____

Mother's Name (optional except where mother is a single parent and PAN is applied by furnishing the name of mother only)

Last Name / Surname: _____

First Name: _____

Middle Name: _____

Select the name of either father or mother which you may like to be printed on PAN card (Select one only)

Father's name Mother's name (Please tick as applicable)

(In case no option is provided then PAN card will be issued with father's name except where mother is a single parent and you wish to apply for PAN by furnishing name of the mother only).

7 Address

Residence Address

Flat / Room / Door / Block No. _____

Name of Premises/Building/Village _____

Road / Street / Lane/Post Office _____

Area/Locality/Taluka/Sub-Division _____

Town / City / District _____

State / Union Territory _____ Pincode / Zip code _____ Country Name _____

Office address is mandatory

G	O	V	T		J	U	N	I	O	R		C	O	L	L	E	G	E		A	M	A	R	A	V	A	T	I	.	
F	L	A	T		N	O																								
B	U	I	L	D	I	N	G																							
S	T	R	E	E																										
T	A	L	U	K	A																									
D	I	S	T	R	I	C	T																							

Name of office
 Flat / Room / Door / Block No.
 Name of Premises/Building/Village
 Road / Street / Lane/Post Office
 Area/Locality/Taluka/Sub- Division
 Town / City / District
 State / Union Territory

Pincode / Zip code: 1 2 3 4 5 6 Country Name: INDIA

8 Address for Communication Residence Office (Please tick as applicable)

9 Telephone Number & Email ID details

Country code: 0 9 1 Area/STD Code: Telephone / Mobile number: 9 8 7 6 5 1 2 3 4 5

Email ID: steelcity.visakhapatnam@xmail.com

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 checked="" 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 person, who is required to quote Aadhaar number or the Enrolment ID of Aadhaar application form as per section 139 AA

Please mention your AADHAAR number (if allotted)
 If AADHAAR number is not allotted, please mention the enrolment ID of Aadhaar application form

 Name as per AADHAAR letter or card or as per the Enrolment ID of Aadhaar application form

13 Source of Income

Please select, as applicable

<input type="checkbox"/> Salary	<input type="checkbox"/> Capital Gains
<input type="checkbox"/> Income from Business / Profession Business/Profession code [For Code: Refer instructions]	<input checked="" 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.

Name of Premises / Building / Village

Road / Street / Lane/Post Office

Area / Locality / Taluka/ Sub- Division

Town / City / District

State / Union Territory Pincode

15 Documents submitted as Proof of Identity (POI), Proof of Address (POA) and Proof of Date of Birth (POB)

I/We have enclosed Any document issued by Govt as proof of identity, Any document issued by Govt as proof of address and as proof of date of birth.

16 I/we Authorized Person's Name, the applicant, in the capacity of Authorized Signatory

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

Place: City / Town / District

Date: 1 5 1 2 2 0 1 9 ← Ack Receipt Generated Date

Authorized Person's
Stamp & Sign Required

AREA CODES FOR GOVERNMENT CATEGORY

AO CODE	AO TYPE	RANGE CODE	AO NO	CITY	STATE
APR	C	992	99	VISAKHAPATNAM	ANDHRA PRADESH
APR	C	991	99	HYDERABAD	TELANGANA
BBN	C	991	99	BHUBANESWAR	ODISHA
KAR	C	991	99	BANGALORE	KARNATAKA
PTN	C	992	99	RANCHI	BIHAR JHARKHAND
CHE	C	991	99	CHENNAI	TAMIL NADU PONDICHERY
KRL	C	991	99	KOCHI	KERALA
KRL	C	992	99	THIRUVANANTHAPURAM	LAKSHADWEEP
BPL	C	991	99	BHOPAL	MADHYA PRADESH
BPL	C	992	99	JABALPUR	CHATTISGARH
WBG	C	991	99	KOLKATA	WEST BENGAL ANDAMAN AND NIKOBAR ISLANDS
LKN	C	991	99	LUCKNOW	UTTAR PRADESH
LKN	C	992	99	ALLAHABAD	
KNP	C	993	99	MEERUT	UTTARAKHAND
RJN	C	991	99	JAIPUR	RAJASTHAN
RJN	C	992	99	JODHPUR	
NWR	C	993	99	ROHTAK	HARYANA
NWR	C	991	99	JALANDHAR	
NWR	C	992	99	PATIALA	PUNJAB
NWR	C	994	99	AMRITSAR	
DEL	C	991	99	DELHI	DELHI JAMMU & KASHMIR HIMACHAL PRADESH
GUJ	C	991	99	AHMEDABAD	
GUJ	C	992	99	RAJKOT	GUJARAT
GUJ	C	993	99	SURAT	
GUJ	C	994	99	BARODA	
PNE	C	991	99	PUNE	MAHARASHTRA
NGP	C	993	99	NAGPUR	GOA
PNE	C	995	99	KOLHAPUR	DIU & DAMAN
PNE	C	996	99	NASHIK	DADRA NAGAR HAVELI
SHL	C	991	99	SHILLONG SEVEN SISTER STATES	ARUNACHAL PRADESH MEGHALAYA NAGALAND MIJORAM MANIPUR TRIPURA ASSAM
SHL	C	991	99	SHILLONG	SIKKIM

Guidelines for Government Category PAN application

Office address is field is mandatory for Government, Firm, LLP, Company, Local Authority & Trust Categories. Residence address field should be blank .

Below mentioned names are belongs to Government Category Only

(State & Central Government Departments)

A Union Territory & its departments Banks

Financial Institutions / Housing Boards

Central & State Public Sector Undertakings (PSUs)

Autonomous Bodies

State Financial Corporations Development Authorities

Institutes such as ICAI,ICSI,ICWAI etc ...

Examples :-

- 1) Post master Head Office Visakhapatnam
- 2) Sub Registrar Visakhapatnam
- 3) Assistant Inspector General Registration
- 4) Superendant Of Police Visakhapatnam
- 5) Executive Engineer Electricity department
- 6) Chief Medical Superendant Govt Womens Hospital
- 7) Unit Run Canteen Air Force Station
- 8) Officers Mess Air Force Station
- 9) Z P P High School
- 10) Govt Junior college
- 11) Govt Secondary school .

Category	Capacity Of Verifier
Hindu Undivided Family	Karta
Firm / LLP	Partner
Trust	Trustee
Company	Authorized Signatory / Director
Association Of Persons	Authorized Signatory
Government	Authorized Signatory
Local Authority	Authorized Signatory
Body Of Individuals	Authorized Signatory
Artificial Juridical Person	Authorized Signatory

Dispatch Of Physical Documents

- Pls send all physical documents (Pan, Tan, Tds, 24G, Sft) to Head office (Visakhapatnam) only .
- Physical documents should pack properly & send to head office safely.
- Physical documents should be sealed in tamper-proof envelopes, marked as **Restricted Confidential** and dispatched through reputed dispatch agencies.
- The documents should contain Acknowledgement receipt with relative proofs compulsory
- If you send documents without Acknowledgement receipt ,we will consider that document is not received at Head Office (Visakhapatnam) .

Dispatch Address :

Mr.KVS Ramakrisna (Dy. General Manager , e-Governance)
Steel city Securities Limited # 50-81-18 , Seethammapeta ,
Visakhapatnam -530016 (Andhra Pradesh)
Mobile : 9848192732 , 0891-6770222 .