

**FORM NO. 49A****Form of application for allotment of Permanent Account Number under section 139A of the Income-tax Act, 1961**

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

To

The Assessing Officer,

Please affix your recent black and white photograph (3.5 cm X 2.5 cm) (In case of Individuals only)

(Signature of the applicant inside the white box provided above)

Sir,

Whereas my/our total income/ the total income of \_\_\_\_\_ [name] in respect of which I/we am/are assessable under the Income-tax Act, 1961, during the accounting year ending on \_\_\_\_\_ (DD-MM-YYYY) exceeded rupees \_\_\_\_\_ the maximum amount which is not chargeable to income-tax;

Whereas my/our case does not fall under sub-section (1) of section 139, and I am/we are carrying on a business or profession the total sales/turnover/gross receipts of which are or is likely to exceed five lakh rupees in the accounting year ending on \_\_\_\_\_ (DD-MM-YYYY)

Whereas I am/we are required to furnish a return under sub-section (4A) of section 139 for the accounting year ending on \_\_\_\_\_ (DD-MM-YYYY)

Whereas I am/we are required to apply for allotment of Permanent Account Number as per notifications bearing S.O. 775(E), dated 29<sup>th</sup> August, 2000, or S.O. No. 1206(E), dated 12-12-2001 issued under sub-section (1A) of section 139A;

Whereas my/our case does not fall under sub-section (1) or (1A) or (2) of section 139A, but I am/we are desirous of obtaining a PAN;

And whereas no Permanent Account Number has been allotted to me/us:

Though earlier PAN had been allotted to me/us, no permanent account number under new series has been allotted;

I/We hereby request that a permanent account number/permanent account number under new series be allotted to me/us:

I/We give below the necessary particulars:-

1. Full Name (expand initials please)      Please Tick      as applicable      Shri      Smt.      Kuma      M/s  
ri

RUSHABH INFOSOFT LTD.

Last Name/Surname

First Name

Middle Name

2. Have you ever been known by any other name?  
applicable  
If yes, please give other name (expand initials please)  
as applicable

Please Tick as Yes No

Please Tick Shri Smt. Kumar M/s  
i

Last Name/Surname

First Name

Middle Name

3. Address  
A. Residential Address  
Flat/Door/Block No.

Name of Premises/Building/Village

Road/Street/Lane/Post Office

Area/Locality/Taluka/Sub-Division

Town/City/District

State/Union Territory

Pin

B. Office Address

Name of Office

Flat/Door/Block No.

Name of Premises/Building/Village

Road/Street/Lane/Post Office

Area/Locality/Taluka/Sub-Division

RUSHABH INFOSOFT LTD.

Town/City/District																											
State/Union Territory																											
Pin																											

4. Address for Communication Please tick as ☐ or B ☐ Tel. No., if any

5. Status of the Applicant Please tick as applicable (only one box)

Individual	P	
Hindu Undivided Family	H	
Company	C	
Firm	F	
Association of Persons	A	
Association of Persons (Trusts)	T	
Body of Individuals	B	
Local Authority	L	
Artificial Juridical Person	J	

6. If an individual, please give father's name (expand initials please)  
Last Name/Surname First Name

Middle Name

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7. Sex (for Individual Applicant only) Please Tick as applicable

Male		Female	
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8. Date of Birth/Incorporation/Agreement/Partnership or Trust Deed/Formation of Body of Individuals/Association of Persons

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9. Whether Citizen of India? Please Tick as applicable

Yes		No	
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10. Registration number (in case of firms, companies, etc.)

11. Source(s) of Income Please Tick as applicable

Salaries		House Property		Business or Profession		Capital gains		Income from other source(s)	
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12. Particulars of Business, if any

HEAD OFFICE  
Name of Office



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## DETAILS OF PARTNERS/MEMBERS/DIRECTORS

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Shri		Smt.		Kumari	
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First Name

[illegible][illegible][illegible]

Flat/Door/Block No.

[illegible]

Name of Premises/Building/Village

[illegible]

Road/Street/Lane/Post Office

[illegible]

Area/Locality/Taluka/Sub-Division

[illegible]

Town/City/District

[illegible]

State/Union Territory

[illegible]

Pin

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14. Full Name, Address of the representative assessee who is assessable under the Income-tax Act in respect of the person, whose particulars have

**15.** been given in Columns 1 to 13 (Please see Instruction No. 14)

Full name (expand initials please) Please Tick as applicable

Shri

Smt.

Kumari

Last Name/Surname

First Name

Middle Name

[illegible]

Address

[illegible]

Flat/Door/Block No.

Pin					
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[illegible][illegible][illegible]

Signature of the Applicant (inside the white box provided above)

D D - M M - Y Y Y Y

[illegible]

D D M M Y Y Y Y

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