Only 'Individuals' to affix recent photograph (3.5 cm x 2.5 cm)

सविताविक्रम भिसे R.S. Bhise

Sign / Left Thumb impression across this photo

# 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

Only 'Individuals' to affix recent photograph (3.5 cm x 2.5 cm)

सविताविक्रम भिसे R.S. Bhise

**Assessing officer (AO code)**

| Area code | | | AO type | | Range code | | | AO No. | |
|---|---|---|---|---|---|---|---|---|---|
| P | N | E | - | W | - | 5 | 2 | 9 | 6 |

सविताविक्रम भिसे - R.S. Bhise

Signature / Left Thumb Impression

Sir,

I/We hereby request that a permanent account number be allotted to me/us.
I/We give below necessary particulars:

**1 Full Name (Full expanded name 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: ANKITA SWAYAM SAHAYATA

First Name: MAHILA BACHAT GAT

Middle Name:

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

ANKITA SWAYAM SAHAYATA MAHILA BACHAT GAT

**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 | Month | Year |
|---|---|---|
| 24 | 02 | 2021 |

**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: KHOSPURI

Road / Street / Lane/Post Office: KHOSPURI

Area / Locality / Taluka/ Sub- Division: NAGAR

Town / City / District: AHILYANAGAR

State / Union Territory: MAHARASHTRA

Pincode / Zip code: 414601

Country Name: INDIA

**Office Address**

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

Country Name

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

**9 Telephone Number & Email ID details**

Country code: +91 | Area/STD Code: | Telephone / Mobile number: 9359033793

Email ID: gaviPan@gmail.com

**10 Status of applicant**

Please select status, ✓ as applicable

☐ Individual ☐ Hindu undivided family ☐ Company ☐ Partnership Firm ☐ Government

☐ Trusts ☐ Body of Individuals ☐ Local Authority ☐ Artificial Juridical Persons ☑ Association of Persons ☐ 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***

☐ Salary

☐ Income from Business / Profession Business/Profession code [For Code: Refer instructions]

☐ Income from House property

☐ Capital Gains

☑ Income from Other sources

☐ No income

**14 Representative Assessee (RA)**

Full name, address of the Representative Assessee, who is assessible 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 as proof of identity, as proof of address and as proof of date of birth.

[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]

[Annexure A, Annexure B & Annexure C are to be used wherever 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 : JEUR

Date : D D M M Y Y Y Y — 26022026

सविनयविक्रम मिसे R.S. Bhise

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

Note: As per provisions of Section 272B of the Income Tax Act., 1961, a penalty of ₹ 10,000 can be levied on possession of more than one PAN.

# अंकिता स्वयंसहायता महिला बचत गट

**मु. पो. खोसपुरी. ता. नगर जि. अहमदनगर**

जा.क्र. ०३/२०२१ दिनांक. २४/०२/२०२१

**ठरावाची सत्यप्रत**

आज दिनांक २४/०२/२०२१ रोजी पुर्व सूचनेनुसार अंकिता स्वयंसहायता महिला बचत गटाच्या कार्यालयात बचत गटाचे अध्यक्षा सौ. **सविता विक्रम भिसे** यांचे अध्यक्षतेखाली सभा घेण्यांत येवून त्यात खालील प्रमाणे ठराव पारीत करण्यात आले.

**विषय क्र. :-** अंकिता स्वयंसहायता महिला **गटाचे पॅन कार्ड काढणे बाबत..**

**ठराव क्र. १६८/२०२१:-** वरील विषयावर सांगोपांग चर्चा होवून असे ठरले की, आपल्या बचत अंकिता स्वयंसहायता महिला स्वयंसहायता बचत गट बॅक खात्यावर व्यवहार करण्यासाठी पॅनकार्ड नसल्यामुळे अडचणी निर्माण होत आहेत. तरी आपल्या महिला बचत गटाचे पॅन कार्ड काढणे बाबत आवश्यक त्या कागदपत्रांची पुर्तता बचत गटाच्या अध्यक्षा सौ. **सविता विक्रम भिसे** यांनी करुन पॅन कार्ड काढुन घ्यावे व त्यानंतर सदर खात्यावर व्यवहार करावा असा ठराव मांडण्यात आला व त्यास सर्वानी सहमती दर्शवून ठराव सर्वानुमते पारीत करण्यात आला.

सुचक :-सौ.राजश्री संदीप भिसे R.S.Bhise

अनुमोदक :-सौ.शेख अफरोज आलताफ शेख अफरोज आलताफ

**"ठराव सर्वानुमते मंजुर"**

## सभासद यादी

| अ.क्र. | सभासदाचे पूर्ण नांव | हुद्दा | सही /अंगठा |
|---|---|---|---|
| १ | सौ.सविता विक्रम भिसे | अध्यक्ष | सविता विक्रम भिसे |
| २ | सौ. राजश्री संदीप भिसे | सचिव | R.S. Bhise |
| ३ | सौ.शेख अफरोज आलताफ | | शेख आफ्रोज आलताफ |
| ४ | सौ.बोरुडे आशाबाई रावसाहेब | | आशाबाई रावसाहेब बोरुडे |
| ५ | सौ.भिसे छाया राजेंद्र | | छाया राजेंद्र भिसे |
| ६ | सौ. भिसे सुरेखा राजेंद्र | | सुरेखा राजेंद्र भिसे |
| ७ | सौ.भिसे सिंधुबाई अशोक | | सौ सिंधु अशोक भिसे |
| ८ | सौ.भिसे विमल बाबासाहेब | | |
| ९ | सौ.भिसे सविता किरण | | Bhise S.K. |
| १० | सौ.भिसे रेखा पोपट | | R.P. Bhise |