

Form No. 49A

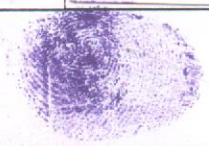
Application for Allotment of Permanent Account Number
[In the case of Indian Citizens/Indian Companies/Entities incorporated in India/ Unincorporated entities formed in India]
See Rule 114



Assessing officer (AO code)

Area code	AO type	Range code	AO No.
N E	- M	- 5 2	9 1

For Pan Purpose Only



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/address documents: Initials are not permitted)

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

Last Name / Surname: KALHAPURE
First Name: BABAN
Middle Name: LAXMAN

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

BABAN LAXMAN KALHAPURE

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: 01 Month: 03 Year: 1946

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 provided 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: KALHAPURE
First Name: LAXMAN
Middle Name: MOHAN

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.: BANDHAV GADH
Name of Premises / Building / Village: KHADAMBE KHURD.
Road / Street / Lane/Post Office:
Area / Locality / Taluka/ Sub- Division: RAHURI
Town / City / District: AHMEDNAGAR
State / Union Territory: MAHARASHTRA
Pincode / Zip code: 413706
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:

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

9 Telephone Number & Email ID details

Country code | Area/STD Code | Telephone / Mobile number: 9970595375

Email ID: nitin.kalhapure@gmail.com

10 Status of applicant

Please select status, ☑ as applicable

☑ Individual ☐ Hindu undivided family ☐ Company ☐ Partnership Firm ☐ Association of Persons ☐ Government

☐ Trusts ☐ Body of Individuals ☐ Local Authority ☐ Artificial Juridical 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/The Enrolment ID of Aadhaar application form as per section 139AA

Please mention your AADHAAR number (if allotted) 6640 1644 3702

If AADHAAR number is not allotted, please mention the enrolment ID of Aadhaar application form

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

BABAN LAXMAN KALHAPURE

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 (DOB)

I/We have enclosed AADHAR CARD as proof of identity, AADHAR CARD as proof of address and AADHAR CARD 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 KALHAPURE BABAN LAXMAN the applicant, in the capacity of IND.

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

Place : KHADAMBE.

Date : D D M M Y Y Y Y — 1 8 1 1 2 0 2 5

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

भारत सरकार
Government of India



बबन लक्ष्मन कल्हापुरे
Baban Laxman Kalhapure
जन्म तारीख/DOB: 01/03/1946
पुरुष/ MALE

6640 1644 3702

माझे आधार, माझी ओळख

आधार

भारतीय विशिष्ट ओळख प्राधिकरण
Unique Identification Authority of India

Address:
khadambe kh. tal .rahuri,
Khadambe Kh., Ahmadnagar,
Maharashtra - 413704

पत्ता:
खडांबे ख. ता. राहुरी, खडांबे ख., अहमदनगर,
महाराष्ट्र - 413704

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6640 1644 3702

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