

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



Assessing officer (AO code)

Area code	AO type	Range code	AO No.
PNE	W	52	91

Signature / Left Thumb Impression

Sir,

For Pan Purpose Only

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: KALHAPURE

First Name: ISHWARI

Middle Name: AMOL

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

ISHWARI AMOL 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: 06 Month: 10 Year: 2014

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: KALHAPORE

First Name: AMOL

Middle Name: ASHOK

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: KHADAMBE KH.

Road / Street / Lane/Post Office: KHADAMBE KH

Area / Locality / Taluka/ Sub- Division: RAHURI

Town / City / District: AHMEDNAGAR

State / Union Territory: MAHARASHTRA Pincode / Zip code: 413705 Country Name: INDIA

For Pan Purpose Only

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: 9657611588

Email ID: SK.Khadambe@gmail.com

10 Status of applicant

Please select status, ☑ as applicable

☑ Individual ☐ Hindu undivided family ☐ Company ☐ Partnership Firm ☐ Government ☐ Association of Persons ☐ 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 or the Enrolment ID of Aadhaar application form as per section 139 AA

Please mention your AADHAAR number (if allotted): 725299985019

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

ISHWARI
AMOL
KALHAPORE

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: KALHAPORE

First Name: AMOL

Middle Name: ASHOK

Address

Flat / Room / Door / Block No.

Name of Premises / Building / Village

Road / Street / Lane/Post Office: KHADAMBE KH

Area / Locality / Taluka/ Sub- Division: RAHURI

Town / City / District: AHMEDNAGAR

State / Union Territory: MAHARASHTRA | Pincode: 413709

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

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 ISHWARI AMOL KALHAPORE, the applicant, in the capacity of Himself do hereby declare that what is stated above is true to the best of my/our information and belief.

Place : Rahuri

Date (D D M M Y Y Y Y) : 16 09 2025

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

For Pan Purpose Only

सत्यमेव जयते
भारत सरकार

आधार

भारतीय विशिष्ट ओळख प्राधिकरण

भारत सरकार

Unique Identification Authority of India

Government of India

नोंदविण्याचा क्रमांक / Enrollment No 2033/80204/00963

To,
Ishwari Amol Kalhapure
Ishwari Amol Kalhapure
C/O Ranjana Amol Kalhapure
gavthan
Dhamori Khurd
Dhamori Rahuri Ahmadnagar
Maharashtra 413704

23/01/2016

Ref: 1013 / 29M / 216070 / 216679 / P

SE025148210FT

आपला आधार क्रमांक / Your Aadhaar No. :

7252 4998 5019

आधार - सामान्य माणसाचा अधिकार

भारत सरकार
Government of India



Ishwari Amol Kalhapure
Ishwari Amol Kalhapure
आई : रंजना अमोल कल्हापुरे
Mother : Ranjana Amol Kalhapure
जन्म तारीख / DOB : 06/10/2014
स्त्री / Female

7252 4998 5019

आधार - सामान्य माणसाचा अधिकार