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)

Sign / Left Thumb impression across this photo

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

जय गजानन महिला स्वयं सहाय्यता समुह
खडांबे बु।। ता.राहुरी,जि.अहिल्यानगर

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Assessing officer (AO code)

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

S.S.Dandekar
अध्यक्ष

J.S.Vaidya
सचिव

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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	JAY GAJANAN MAHILA SOYAM
First Name	SAHAYATA
Middle Name	SAMUH

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

JAY GAJANAN MAHILA SOYAM SAHAYATA SAMUH

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
02	07	2025

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	KADAMBE BK
Road / Street / Lane/Post Office	KADAMBE
Area / Locality / Taluka/ Sub- Division	RAHURI
Town / City / District	AHMEDNAGAR

State / Union Territory	Pincode / Zip code	Country Name
MAHARASHTRA	413704	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: 9762187910

Email ID: slc.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)

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 Adhar Card as proof of identity, Adhar 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 Jay Gajanan Mahila Swyam, 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 : Khadambe

Date : D D M M Y Y Y Y — 21 09 2025

Signature / Left Thumb Impression of Applicant / Authorised Signatory

अध्यक्ष
जय गजानन महिला स्वयं सहाय्यता समुह
खडांबे बु।। ता.राहुरी,जि.अहिल्यानगर

सचिव

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महाराष्ट्र राज्य ग्रामीण जीवनोन्नती अभियान
पंचायत समिती राहुरी

जाक/वशि/MSRLM/ 457/2025 दि. 04 /09/2025

दाखला

असा दाखला देण्यात येतो कि, जय गजानन महिला स्वयं सहाय्यता समूह हा दिनांक रोजी स्थापना 02/07/2025 झालेला असून हा स्वयं सहाय्यता समूह मु.पो. खडांबे बु।। , तालुका – राहुरी, जिल्हा-अहिल्यानगर येथे कार्यरत आहे.याचा तपशील खालीलप्रमाणे

१) स्वयं सहाय्यता समूहाचे नाव -: जय गजानन महिला स्वयं सहायता समूह
२) गटाचा पूर्ण पत्ता -: मु.पो. खडांबे बु।। ,ता. राहुरी, जि. अ. नगर
३) गट स्थापनेचा दिनांक : 02/07/2025
४) गट नोंदणी क्रमांक -: 18016296295 (नविन गट)
५) आयकर विभागाकरिता वर्गीकरण (Status) असोसिएशन ऑफ पर्सन

हा दाखला Pan कार्ड काढण्यासाठी देण्यात येत आहे.

तालुका अभियान व्यवस्थापक
पंचायत समिती राहुरी

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