

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



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: KACHOLE

First Name: RUSHIKESH

Middle Name: AJAYKUMAR

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

RUSHIKESH AJAYKUMAR KACHOLE

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: 05 Month: 09 Year: 2011

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: KACHOLE

First Name: AJAYKUMAR

Middle Name: SHIVAJIRAO

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 BK

Road / Street / Lane/Post Office: KHADAMBE BK

Area / Locality / Taluka/ Sub- Division: RAHURI

Town / City / District: AHMEDNAGAR

State / Union Territory: MAHARASHTRA

Pincode / Zip code: 413709

Country Name: INDIA

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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: 9850980107

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): 689969576982

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:
RUSHIKESH
AJAYKUMAR
KACHOLE

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: KACHOLE
First Name: AJAYKUMAR
Middle Name: SHIVAJIRAO

Address

Flat / Room / Door / Block No.:
Name of Premises / Building / Village: KHADAMBE BK
Road / Street / Lane/Post Office: KHADAMBE BK
Area / Locality / Taluka/ Sub- Division: RAHURI
Town / City / District: AHMEDNAGAR
State / Union Territory: MAHARASHTRA
Pincode: 413704

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 Rushikesh Ajaykumar Kachole, 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 — 17/11/2025

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

भारत सरकार
GOVERNMENT OF INDIA



ऋषिकेश अजयकुमार काचोळे
Rushikesh Ajaykumar Kachole
जन्म तिथि / DOB : 05-09-2011
पुरुष / MALE

6899 6987 4982

मेरा आधार, मेरी पहचान

For Pan Purpose Only

भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:
खडांबे बु, अहमदनगर,
महाराष्ट्र - 413704

Address
Khadambe Bk.
Ahmadnagar Khadamba
Maharashtra - 413704

6899 6987 4982

1947
1800 300 1947

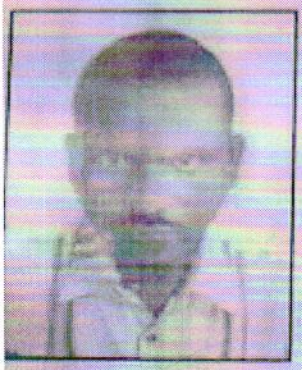
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P.O. Box No. 1947,
Bengaluru-560 001

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भारत सरकार
GOVERNMENT OF INDIA



अजयकुमार शिवजीराव काचोळे
Ajaykumar Shivajirao Kachole
जन्म तिथि / DOB : 20-10-1981
पुरुष / MALE

2010 4227 0212

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

आधार

पता:
S/O शिवाजी भिकाजी काचोळे,
काचोळे वस्ती, ता-राहुरी, खडांबे बु.,
अहमदनगर,
महाराष्ट्र - 413704

Address
S/O Shivaji Bhikaji Kachole
Tal-Rahuri kachole vasti
Khadambe Bk.
Ahmadnagar Maharashtra -
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