# 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)

सैनिक प्रतिष्ठाण,ससेवाडी,ता.नगर
मो.न.9175909397

ससे एस. बी.
अध्यक्ष

सैनिक प्रतिष्ठाण,ससेवाडी,ता.नगर
मो.न.9175909397

आठरे एस. के.
खजिनदार

Signature / Left Thumb Impression

**Assessing officer (AO code)**

| Area code | AO type | Range code | AO No. |
|---|---|---|---|
| P N E | W | 0 5 2 | 0 9 6 |

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: SAINIK PRATISHTHAN SASEWADI

First Name:

Middle Name:

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

SAINIK PRATISHTHAN SASEWADI

**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 |
|---|---|---|
| 0 2 | 0 6 | 2 0 2 2 |

**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: SASEWADI

Road / Street / Lane/Post Office: JEUR

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 | Area/STD Code | Telephone / Mobile number: 9175909397

Email ID: AARAVIPAN@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 ____ 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 — 17 01 2026

ससे एस. बी. अध्यक्ष

आठरे एस. के. खजिनदार

सैनिक प्रतिष्ठाण, ससेवाडी, ता

मो.नं.9175909397

महा./ 204 /2020/अ.नगर
दि. 16 /20

सहाय्यक संस्था निबंधक
अ.नगर विभाग, अ.नगर

## परिशिष्ट- ब
## संस्थेचे ज्ञापन

1. संस्थेचे नाव - सैनिक प्रतिष्ठान ससेवाडी.

2. संस्थेचापता:- मु.ससेवाडी.पो.जेऊर.बु.ता .नगर.जि.अहमदनगर.
द्वारा- श्री. रामदास जनाद्दन सले.

3) संस्थेचे उददेश :- नि.नं. 945

### 1) शैक्षणिक :-

1) ग्रामिण व शहरी भागात शिक्षणाचा प्रचार व प्रसार करणे.

2) प्राथमिक, माध्यमिक व उच्च माध्यमिक विद्यालय सुरु करणे.

3) तंत्रनिकेतन, औषध निर्माण शास्त्र, अभियांत्रिकी, पशुवै.चकिय, डि.एड. वैद्यकिय तसेच विविध विद्या शाखांची महाविद्यालये, कृषी महाविद्यालय, औद्योगिक प्रशिक्षणे सुरु करणे.

4) पाळणागृह, बालवाडी, शिशुविहार, अंगणवाडी, बालसदन, अपंग शाळा, अनाथाश्रम स्थापन करणे. सैनिकभरती प्रशिक्षण मार्गदर्शन केंद्र सुरु करणे.

5) ग्रामिण व शहरी भागात मुलामुलींची स्वतंत्र वसतीगृहे सुरु करणे.

6) आश्रमशाळा, वृध्द आश्रम, आश्रम शाळा, सैनिक शाळा, सैनिकभरती मार्गदर्शन केंद्र सुरु करणे.अल्पसंख्यंक समाजासाठी संस्था सुरु करणे.

7) औद्योगिक तांत्रिक महिला गृहउद्योग सर्व व्यवसाय प्रशिक्षण केंद्र सुरु करणे.

8) संगणकीय प्रशिक्षण केंद्र व व्यवसाय मार्गदर्शन केंद्र सुरु करणे.

9) जनतेच्या ज्ञान संवर्धनासाठी वाचनालयाची सुरु करणे.

10) प्रौढ विषयक शिक्षण वर्ग तसेच रात्रशाळा सुरु करणे.

11) ग्रामिण भागात कृषी तसेच दुग्ध व्यवसायिक प्रशिक्षण देणे.

12) विधी महाविद्यालय, हॉटेल मॅनेजमेंट, या सारखी व्यवसायिक अभ्यासक्रम केंद्र सुरु करणे. सैनिक ऑक्याडमी सुरु करणे.माजी सैनिकासाठी रोजगाराच्या संधी उपलब्ध करून देणे. पत्रकारिता कोर्सेस सुरु करणे,पत्रकारीते विषयी मार्गदर्शन करणे.

13) ग्रामिण व शहरी भागात कृषी विषयक तज्ञांची शिबीरे आयोजीत करणे, मेळावे घेणे.

14) अल्पसंख्यंक मुस्लीम समाजातील आर्थिक ,मागास ,निराधार मुलांसाठी,यतीमखना मदरसा सुरु करणे.प्राथमिक,माध्यमिक उच्च माध्यमिक व्यावसायिक अभ्यासकम सुरु

खरी नकल म्हणून प्रमाणित

अधिक्षक

अध्यक्ष (श्री. संभाजी शामुदास सले.) सचिव (श्री.लक्ष्मण पाटीलबा सले.) खजिनदार (श्री.सोन्याबापु नवरंगी आले.)

(18)

# दाखला

प्रमाणित करण्यात येते की,

सैनिक प्रतिष्ठान ससेवाडी.मु.ससेवाडी.पो.जेऊर.बु.ता .नगर.जि.अहमदनगर..या संस्थेची नियम व नियमावलीची ही सत्य प्रत आहे.

| अ.नं. | सभासदाचे नाव | पद | सहया |
|---|---|---|---|
| १ | श्री. संभाजी भानुदास ससे. | अध्यक्ष. | |
| २ | श्री..संतोष दत्तात्रय भगर | उपाध्यक्ष | |
| ३ | श्री.सोन्याबापू कारभारी आठरे | खजिनदार | |
| ४ | श्री.लक्ष्मन पाटीलबा ससे. | सचिव | |
| ५ | श्री.सोपान शंकर भोढवे | सहसचिव | modhave.S.S. |
| ६ | श्री.नवनाथ कुंडलिक ससे. | सल्लागार | |
| ७ | श्री.साहेबराव विश्वनाथ ससे | संचालक | |
| ८ | श्री. देवराम किसन ससे | संचालक | |
| ९ | श्री.विष्णू संपत ससे | संचालक | |

स्थळ :- ससेवाडी.

दिनांक :- ६ / ५ / २०२२.

आपला

श्री. संभाजी भानुदास ससे..

खरी प्रतीलिपी

सहाय्यक

धर्मादाय सहआयुक्त कार्यालय

अहमदनगर

नक्कल तयार करनार-

मजकूर तपासणार-

| अध्यक्ष | सचिव | खजिनदार |
|---|---|---|
| (श्री. संभाजी भानुदास ससे.) | (श्री.लक्ष्मन पाटीलबा ससे.) | (श्री.सोन्याबापु कारभारी आठरे.) |