सौ विमल प्रकाश घरोंचे

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)

अध्यक्ष
सखी स्वयं सहाय्यता समूह महिला बचत गट
खडांबे खुर्द, ता. राहुरी, जि. अहिल्यानगर

सचिव

सौ विमल प्रकाश घरोंचे

Signature / Left Thumb Impression

Assessing officer (AO code)

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

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: SAKHI SOYAM SAHYATA

First Name: SAMUH MAHILA BACHAT GAT

Middle Name:

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

SAKHI SOYAM SAHYATA SAMUH MAHILA GAT

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: 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: 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: 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

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: 9021815942

Email ID: Sk.khadambe@gmail.com

10 Status of applicant

Please select status, ☑ as applicable

☐ Individual ☐ Hindu undivided family ☐ Company ☐ Partnership Firm ☐ Government

☐ Trusts ☐ Body of Individuals ☐ Local Authority ☐ Artificial Juridical Persons ☐ Association of 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 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 Sakhi Suny Shara Sanstha, the applicant, in the capacity of Karyalay

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 — 0 1 0 1 2 0 2 6

सौ. विमल प्रकाश धामोरे

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

अध्यक्ष सचिव

सखी स्वयं सहाय्यता समूह महिला बचत गट

खडांबे खुर्द, ता. राहुरी, जि. अहिल्यानगर

सखी स्वयं सहायता समूह महिला बचत गट

मु.पो. **खडांबे खुर्द** ता. राहुरी जि. अहमदनगर

जा.क्र. १६९/२०२५ दिनांक. ०४/११/२०२५

ठरावाची सत्यप्रत

आज दिनांक ०४/११/२०२५ रोजी पुर्व सूचनेनुसार महिला बचत गटाच्या कार्यालयात बचत गटाचे अध्यक्षा सौ. संगीता गोकुळ भोकरे यांचे अध्यक्षतेखाली सभा घेण्यांत येवून त्यात खालील प्रमाणे ठराव पारीत करण्यात आले.

विषय क्र. :- महिला बचत गटाचे पॅन कार्ड काढणे बाबत..

ठराव क्र. १६९/२०२५ :- वरील विषयावर सांगोपांग चर्चा होवून असे ठरले की, आपल्या सखी स्वयं सहायता समूह महिला बचत गट बॅक खात्यावर व्यवहार करण्यासाठी पॅनकार्ड नसल्यामुळे अडचणी निर्माण होत आहेत. तरी आपल्या महिला बचत गटाचे पॅन कार्ड काढणे बाबत आवश्यक त्या कागदपत्रांची पुर्तता बचत गटाच्या अध्यक्षा सौ. संगीता गोकुळ भोकरे यांनी करुन पॅन कार्ड काढुन घ्यावे व त्यानंतर सदर खात्यावर व्यवहार करावा असा ठराव मांडण्यात आला व त्यास सर्वानी सहमती दर्शवून ठराव सर्वानुमते पारीत करण्यात आला.

सुचक :- सौ. विमल प्रकाश हरिश्चंद्रे

"ठराव सर्वानुमते मंजुर" सौ. विमल प्रकाश हरिश्चंद्रे

अध्यक्ष सचिव

सखी स्वयं सहाय्यता समूह महिला बचत गट
खडांबे खुर्द, ता. राहुरी, जि. अहिल्यानगर