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)

Signature / Left Thumb Impression

अध्यक्ष
शिव स्वयं सहाय्यता महिला समूह
गांव-जेऊर(बा.), ता.जि.अहमदनगर

सचिव

Assessing officer (AO code)

Area code		AO type		Range code			AO No.	
P	N	E	W	5	2	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: SHIV SWAYAM SAHAYATA

First Name: MAHILA BACHAT GAT

Middle Name:

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

SHIN SWAYAM SAHAYATA MAHILA BAGHAT 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	Month	Year
20	09	2022

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: JEUR

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

MAHARASHTRA | 414601 |

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: 9960043497

Email ID: aaravipan@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

Please select, ✓ as applicable

13 **Source of Income**

☐ 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 as proof of identity, AADHAR

as proof of address and AADHAR 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 SUJOCHANA DASHARATH NAGA the applicant, in the capacity of अध्यक्ष

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 — 25 09 2025

अध्यक्ष सचिव
शिव स्वयं सहाय्यता महिला समूह
गांव-जेऊर(बु.), ता.जि.अहमदनगर

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

शिव महिला स्वयंसहायता बचत गट

मु.पो. जेऊर, ता. नगरी जि. अहमदनगर

जा.क्र. ०२/२०२५

दिनांक. २०/०९/२०२२

ठरावाची सत्यप्रत

आज दिनांक २०/०९/२०२२ रोजी पुर्व सूचनेनुसार महिला बचत गटाच्या कार्यालयात बचत गटाचे अध्यक्षा सौ. सुलोचना दशरथ मगर यांचे अध्यक्षतेखाली सभा घेण्यांत येवून त्यात खालील प्रमाणे ठराव पारीत करण्यात आले.

विषय क्र. :- महिला बचत गटाचे पॅन कार्ड क ढणे बाबत..

ठराव क्र. १६८/२०२२ :- वरील विषयावर सांगोपांग चर्चा होवून असे ठरले की, आपल्या बचत गटाचे गणेश महिला स्वयंसहा ता बचत गट बॅक खात्यावर व्यवहार करण्यासाठी पॅनकार्ड नसल्यामुळे अडचणी निर्मा ग होत आहेत. तरी आपल्या महिला बचत गटाचे पॅन कार्ड काढणे बाबत आवश्यक त्या कागदपत्रांची पुर्तता बचत गटाच्या अध्यक्षा सौ. सुलोचना दशरथ मगर यांनी करुन पॅन कार्ड काढुन घ्यावे व त्यानंतर सदर खात्यावर व्यवहार करावा असा ठराव मांडण्य त आला व त्यास सर्वानी सहमती दर्शवून ठराव सर्वानुमते पारीत करण्यात आला.

सुचक :- सौ. मिना भरत मगर

अनुमोदक :- सौ. सुनंदा अंकुश तवले

"ठराव सर्वानुमते मंजुर"

सौ. सुलोचना दशरथ मगर
अध्यक्ष
शिव स्वयं सहाय्यता महिला समूह
गांव-जेऊर(बा.), ता:जि.अहमदनगर

Meena
सचिव

सभासद यादी

अ.क्र.	सभासदाचे पूर्ण नांव	हुद्दा	सही /अंगठा
१	सौ. सुलोचना दशरथ मगर	अध्यक्ष	सौ. सुलोचना दशरथ मगर
२	सौ. मिना भरत मगर	सचिव	Mgar
३	सौ. मनिषा भास्कर मगर		Mayur. M.B.
४	सौ. शकुंतला गोरक्षनाथ मगर		सौ. शकुंतला मगर
५	सौ योगिता सचिन मगर		Y.S. Magar
६	सौ प्रतिक्षा महेश मगर		Pratiksha
७	सौ. गौरी गिरीष मगर मनीषा		Mayamg
८	सौ. निता सुनिल वामन		निता सुनिल वामन
९	सौ सुनंदा अंकुश तवले		S.A. Tawale
१०	सौ. कांता मधुकर मगर	—	
११	श्रीम. रंजना नानाभाऊ झिने		रंजना नानाभाऊ झिने
१२	सौ.वैशाली बाळासाहेब मगर		Vmagar