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)

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Assessing officer (AO code)

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

श्री क्षेत्र काळभैरवनाथ स्वय सहाय्यता महिला बचत गट खडांबे बु।। ता. राहुरी, जि. अ.नगर

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सु. आ. हरिश्चंद्र
सचिव

U.S.H
अध्यक्षा

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	SHRI KSHETRA
First Name	KALBHAIRAVNATH SOYAM
Middle Name	SAHAYATA MAHILA BACHATGAT

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

	SHRI KSHETRA KALBHAIRAVNATH SOYAM
	SAHAYATA MAHILA BACHAT 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	08	2024

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

State / Union Territory	Pincode / Zip code	Country Name
MAHARASHTRA	413709	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: 9421836452

Email ID: sir.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 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 Shri Keshetra Kal Bhairav, the applicant, in the capacity of देवु. अ.ति.हिरेचंदे Kay do hereby declare that what is stated above is true to the best of my/our information and belief.

U.S.O.H

सचिव
श्री क्षेत्र काळभैरवनाथ स्वयं सहाय्यता महिला बचत गट खडांबे बु.ता. राहुरी, जि. अ.नगर

Place : Ahan.

Date : D D M M Y Y Y Y → 1 7 0 1 2 0 2 6

Signature / Left Thumb Impression of the Applicant/Representative

महाराष्ट्र राज्य ग्रामीण जीवनोन्नती अभियान
पंचायत समिती राहुरी

जाक/वशि/MSRLM/456/2025 दि.०५/०९/2025

दाखला

असा दाखला देण्यात येतो कि, श्री क्षेत्र काळभैरवनाथ महिला स्वयं सहाय्यता समूह हा दिनांक रोजी स्थापना २०/०८/२०२५ 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 -: श्री क्षेत्र काळभैरवनाथ
२) गटाचा पूर्ण पत्ता -: मु.पो. खडांबे बु।। ता. राहुरी, जि. अ. नगर.
३) गट स्थापनेचा दिनांक : २०/०८/२०२५
४) गट नोंदणी क्रमांक -: ९२३५७
५) आयकर विभागाकरिता वर्गीकरण (Status) असोसिएशन ऑफ पर्सन

हा दाखला Pan कार्ड काढण्यासाठी देण्यात येत आहे.

तालुका अभियान व्यवस्थापक
पंचायत समिती, राहुरी

तालुका अभियान व्यवस्थापक
तालुका अभियान व्यवस्थापन कक्ष राहुरी