# 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)

सोनमाळ स्वयं सहा. महिला समूह खडांबे बु. ता. राहुरी, जि. अहमदनगर

Sign / Left Thumb impression across this photo

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. |
|---|---|---|---|
| PNE | W | 529 | 1 |

सौ. सुरेखा दे. जाधव अध्यक्ष — सौ. सुनिता सचिव — 27/12/19

Signature / Left Thumb Impression

सोनमाळ स्वयं सहा. महिला समूह खडांबे बु. ता. राहुरी, जि. अहमदनगर

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 | SONMAL SOYAM SAHAYATA |
| First Name | MAHILA |
| Middle Name | SAMUH |

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

SONMAL SOYAM SAHAYATA MAHILA SAMUH

**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 |
|---|---|---|
| 17 | 05 | 2019 |

**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 | ICHADAMBE BK |
| Road / Street / Lane/Post Office | KHADAMBE |
| 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 | SONMAL SOYAM SAHAYATA |
| Flat / Room / Door / Block No. | MAHILA SAMUH |
| Name of Premises / Building / Village | KHADAMBE BK |
| Road / Street / Lane/Post Office | KHADAMBE |
| Area / Locality / Taluka/ Sub- Division | RAHURI |
| Town / City / District | AHMEDNAGAR |
| State / Union Territory | MAHARASHTRA |
| Pincode / Zip code | 413706 |
| Country Name | INDIA |

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: 9975711188

Email ID: SK.Khadambe@gmail.com

10 Status of applicant

Please select status, ☑ as applicable

☐ Individual ☐ Hindu undivided family ☐ Company ☐ Partnership Firm ☑ Association of Persons ☐ Government

☐ 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 [redacted] as proof of identity, Aahar Card

as proof of address and [redacted] 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 [redacted] 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 : Khadambe BK

Date : D D M M Y Y Y Y — 21 09 2025

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

अध्यक्ष सचिव

सोनमाळ स्वयं सहा. महिला समुह

खडांबे बु. ता. राहुरी, जि. अहमदनगर

Umed

# महाराष्ट्र राज्य ग्रामीण जीवनोन्नती अभियान
## पंचायत समिती राहुरी

जाक/वशि/MSRLM/451/2025 दि. 04/09/2025

### दाखला

असा दाखला देण्यात येतो कि, सोनमाळ महिला स्वयं सहाय्यता समूह हा दिनांक रोजी स्थापना 17/05/2019 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 -: सोनमाळ महिला स्वयं सहायता समुह
२) गटाचा पूर्ण पत्ता -: मु.पो. खडांबे बु।, ता. राहुरी, जि. अ.नगर
३) गट स्थापनेचा दिनांक : 17/05/2019
४) गट नोंदणी क्रमांक -: 521950
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