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)

Assessing officer (AO code)

Area code	AO type	Range code	AO No.
P	C	027	01

अध्यक्ष सचिव
घृष्णेश्वर महिला बचत गट
वेरूळ, ता.खुलताबाद, जि.औरंगाबाद.

Sir,

I/We hereby request that a permanent account number be allotted to me/us.

I/We give below necessary particulars:

अध्यक्ष सचिव
घृष्णेश्वर महिला बचत गट
वेरूळ, ता.खुलताबाद, जि.औरंगाबाद.

Signature / Left Thumb Impression

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: GHRUSHNESHWAR MAHILA BACHAT GAT

First Name: VERUL

Middle Name:

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

GHRUSHNESHWAR MAHILA BACHAT GATVERUL

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: 04 Month: 04 Year: 2018

6 Details of Parents (applicable only for individual applicants)

Father's Name (Mandatory. Even married women should fill in father's name only)

Last Name / Surname:

First Name:

Middle Name:

Mother's Name (optional)

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*)

(In case no option is provided then PAN card will be issued with father's name)

☐ Father's name ☐ Mother's name *(Please tick as applicable)*

7 Address

Residence Address

Flat / Room / Door / Block No.: VERUL

Name of Premises / Building / Village: 1

Road / Street / Lane/Post Office: POST VERUL

Area / Locality / Taluka/ Sub- Division:

Town / City / District: AURANGABAD

State / Union Territory: MAHARASHTRA Pincode / Zip code: 431102 Country Name: INDIA

Office Address

Name of office: GD VERUL
Flat / Room / Door / Block No.: VERUL
Name of Premises / Building / Village:
Road / Street / Lane/Post Office: POST VERUL
Area / Locality / Taluka/ Sub- Division:
Town / City / District: AURANGABAD
State / Union Territory: MAHRASTRA
Pincode / Zip code: 431102
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: 9665259265
Email ID: Rajeshade007@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 AGREEMENT as proof of identity, AGREEMENT as proof of address and Bank passBook 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 Ghrushaneshar Mahila Bachat Gat the applicant, in the capacity of [illegible] do hereby declare that what is stated above is true to the best of my/our information and belief.

अध्यक्ष सचिव
घृष्णेश्वर महिला बचत गट
वेरूळ, ता.खुलताबाद, जि.औरंगाबाद.

Place : AURANGABAD
Date : D D M M Y Y Y Y — 01 08 2019

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

42583

Branch : ELLORA(199)
शाखा / Branch
Address : JOSHI BLDG
पत्ता / Address NEAR POST OFF ELLORA. DIST. AURANGABAD
दूरध्वनी क्र. / Tel. No. ELLORA
Telephone : 244542
MICR Code : 431014029
IFSC Code : MAHB0000199

Call Centre Toll Free No.-1800 102 2636/1800 233 4526

Account No : 60033400770
Account Type : SB-Chq General-Pub-IND-ALL
Acct Open Date: 23/02/2018
Passbook No : 1
Passbook Type : CONTINUATION

M/s. GHRUSHNESHWAR MAHILA BACHAT GAT

Address:
C/O RAZIYABI SHAIEH
VISHWAKARMA COLONY
PO VERUL TQ KHULTABAD
AURANGABAD 00431102
JOINTLY BY ALL

दिनांक / Date 04/04/2018
प्राधिकृत अधिकारी / Authorised Official
शाखा / Branch

बचत खाते पासबुक भरतेवळी वापरण्यात येणारे संक्षेप
बचत खाते पुस्तिका लिखते समय प्रयोग किये गये संक्षेप
Abbreviations used while Completing S.B. Pass Book

CHQW	धनादेश काढला	चैक निकासी	Ceque Withdrawal
CHRT	परतलेला धनादेश	प्रत्यावर्ती चैक	Cheque Returned
CRCL	जमा निष्कासन	जमा समाशोधन	Credit Qearing
CRIN	व्याज जमा	जमा	terest
CRER	लेखांतरण जमा	जमा	ansfer
C		नकद	osit
C		नकत	hdrawal
D		नामे	ering
D		नामे	rest
DRS		नामे	ding
DRSV	नावे सेवा प्रभार	नामे सेवा प्रभार	instruction Debit Service Charges
DRTR	नावे लेखांतरण	नामे अंतरण	Debit Transier
OCHD	नगरबाह्य धनादेश	बाहरी चैक जमा	Out station Cheque
OPND	प्रारंभिक रोख जमा	प्रारंभिक नकत जमा	Opening Cash Deposit

उपयुक्त सूचना शेवटच्या पानावर
उपयुक्त सुझाव आखरी पृष्ठपर
USEFUL HINTS ON THE LAST PAGE

जा.क्र.पंसखु/एनआरएलएम/कावि/201
कार्यालय पंचायत समिती,खुलताबाद.
दिनांक -05/03/2019

प्रमाणपत्र

प्रमाणित करण्यात येते की **घृष्णेश्वर महीला महिला बचत गट**मौजे **वेरुळ** हा समूह पंचायत समिती कार्यालय खुलताबाद अंतर्गत राष्ट्रीय ग्रामिण जिवन्नोनती अभियान च्या **पोर्टलवर :- ४२५८३** या नबंर वर नोंदणीकृत आहे. व सदरील बचत गटामध्ये १० (दहा) सदस्य संख्या आहे व सदरील बचत गट नियमित आहे.

करीता प्रमाणपत्र देण्यात येत आहे.

गट विकास अधिकारी वर्ग - १
पंचायत समिती खुलताबाद

कार्यालय ग्रुप ग्रामपंचायत वेरूळ ता.खुलताबाद जि.औरंगाबाद

Email.- verulgrampanchayat21@gmail.com

दि.०१/०८/२०१९

प्रमाणपत्र

प्रमाणपत्र प्रमाणित करण्यात येते की . घृष्णेश्वर महिला बचत गट वेरूळ येथील असून दि. ०४/०४/२०१८ पासून नियमित चालू असून त्यांना pan card काढण्यास ग्रामपंचायत वेरूळची काही हरकत नाही .

करिता प्रमाणपत्र देण्यात येते .

Sangita
सरपंच
ग्रुप ग्रामपंचायत वेरूळ, तलवाडी
ता.खुलताबाद, जि.औरंगाबाद.