

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.
0 सचिव	PE	0C	027 01

Signature / Left Thumb Impression across this photo

Signature / Left Thumb Impression

घृष्णेश्वर महिला बचत गट
वेरुळ, ता. खुलताबाद, जि. औरंगाबाद.

घृष्णेश्वर महिला बचत गट
वेरुळ, ता. खुलताबाद, जि. औरंगाबाद.

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

GHRUSHNESHWAR MAHILA BACH

First Name

AT GAT VERUL

Middle Name

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

GHRUSHNESHWAR MAHILA BACH AT GAT VERUL

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

Pincode / Zip code

Country Name

MAHARASHTRA 431102 INDIA

Office Address

Name of office: GD VERUL
 Flat / Room / Door / Block No.: VERUL
 Name of Premises / Building / Village: POST VERUL
 Road / Street / Lane/Post Office:
 Area / Locality / Taluka/ Sub- Division:
 Town / City / District: AURANGABAD
 State / Union Territory: MAHARASHTRA
 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: Rujeshade007@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.)

Registration Number: [Empty grid]

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): [Empty grid]
 If AADHAAR number is not allotted, please mention the enrolment ID of Aadhaar application form: [Empty grid]
 Name as per AADHAAR letter or card or as per the Enrolment ID of Aadhaar application form: [Empty grid]

13 Source of Income

Please select, as applicable
 Salary Capital Gains
 Income from Business / Profession Business/Profession code [] [] [For Code: Refer instructions] Income from Other sources
 Income from House property No income

14 Representative Assessee (RA)

Full name, address of the Representative Assessee, who is assessable 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 [ghrushaneshwar mahilabachatg] the applicant, in the capacity of [Secretary] do hereby declare that what is stated above is true to the best of my/our information and belief.

Place: AURANGABAD
 Date: 01/08/2019

अध्यक्ष [Signature]
 सचिव
घृष्णेश्वर महिला बचत गट
 वेरुळ ता. खुलताबाद जि. औरंगाबाद.
 Signature/ Left Thumb Impression of Applicant (inside the box)

42583

शाखा / Branch : ELLORA (199)
 पता / Address : JOSHI BLDG
 NEAR POST OFF ELLORA, DIST. AURANGABAD
 दूरधनी क्र. / Tel. No. ELLORA
 Telephone : 244542

MICR Code : 431014029
 IFSC Code : MAHB0000199

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

Account No : 60303400770
 Account Type : SB-Chq General-Pub-IND-ALL
 Acct. Open Date: 23/02/2018
 Passbook No : 1
 Passbook Type : CONTINUATION

M/s. SHRUSHNESHWAR MAHILA BACHAT GAT

Address:

CO HAZIYABI SHAH
 WISHWAKARMA COLONY
 RD VERUL TO KHULTABAD
 AURANGABAD 00431102

JOINTLY BY ALL

दिनांक / Date / 04/2018

प्राधिकृत अधिकारी / Authorised Official
 शाखा / Branch

बचत खाते पासबुक भरतेवकी 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	Cheque Withdrawal
CHRT	परतलेला धनादेश	प्रत्यावर्ती चैक	Cheque Returned
CRCL	जमा निष्कासन	जमा समाशोधन	Credit Clearing
CRIN	ब्याज जमा	जमा	Interest
DRCP	लेखांतरण जमा	जमा	Transfer
C	ना	नकद	Deposit
C	ढली	नकत	Withdrawal
D	कामना	नामे	Clearing
D	नामे	नामे	Interest
DRSV	नावे सेक ऑव्हा	नामे सेवा प्रभार	Debit Service Charges
DRTR	नावे लेखांतरण	नामे अंतरण	Debit Transfer
OCHD	नगरबाह्य धनादेश	बाहरी चैक जमा	Out station Cheque
OPND	प्रारंभिक रोख	प्रारंभिक नकत	Cash Opening
	जमा	जमा	Cash Deposit

उपयुक्त सूचना शेवटच्या पानावर

उपयुक्त सुझाव आखरी पृष्ठपर

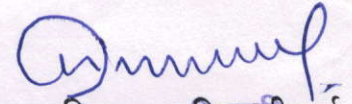
USEFUL HINTS ON THE LAST PAGE



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 नंबर 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 . घृणेश्वर 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

ग्रामपंचायत वेरूळ, तलाववाडी
ता.खुलताबाद, जि.औरंगाबाद.