

<div><div></div><div>Only 'Individuals' to affix recent photograph (3.5 cm x 2.5 cm)</div></div>	<div>Acknowledgement Number: N- 881130122950674</div> <div>Form NO. 49AA</div> <div>Application for Allotment of Permanent Account Number</div> <div>[Individuals not being a Citizen of India/Entities incorporated outside India/Unincorporated entities formed outside India]</div> <div>See Rule 114</div> <div>To avoid mistake (s), please follow the accompanying instructions and examples before filling up</div>	<div></div> <div>Only 'Individuals' to affix recent photograph (3.5 cm x 2.5 cm)</div>								
<div>Sign/ Left Thumb impression</div>	<div>Assessing officer (AO code)</div> <table><tr><td>AREA CODE</td><td>AO TYPE</td><td>Range Code</td><td>AO NO</td></tr><tr><td>DLC</td><td>W</td><td>400</td><td>2</td></tr></table>	AREA CODE	AO TYPE	Range Code	AO NO	DLC	W	400	2	<div></div>
AREA CODE	AO TYPE	Range Code	AO NO							
DLC	W	400	2							
<div>Sir, I/We hereby request that a permanent account number be allotted to me/us.</div> <div>I/We give below necessary particulars:</div> <div>1. Full Name (Full expanded name to be mentioned as appearing in proof of identity/address documents: initials are not permitted)</div> <div>Please select title, as applicable<input checked="" type="checkbox"/> Shri<input type="checkbox"/> Smt<input type="checkbox"/> Kumari<input type="checkbox"/> M/S</div> <div>Last Name/SurnameGHIMIRE</div> <div>First NameSURAJ</div> <div>Middle Name</div> <div>2. Abbreviations of the above name, as you would like it, to be printed on the PAN card</div> <div>SURAJ GHIMIRE</div> <div>3. Have you ever been known by other name?</div> <div>If yes, please give that other name<input type="checkbox"/> Yes<input checked="" type="checkbox"/> No</div> <div>Please select title, as applicable<input type="checkbox"/> Shri<input type="checkbox"/> Smt.<input type="checkbox"/> Kumari<input type="checkbox"/> M/S</div> <div>Last Name/Surname</div> <div>First Name</div> <div>Middle Name</div> <div>4. Gender(for individual applicants only)<input checked="" type="checkbox"/> Male<input type="checkbox"/> Female<input type="checkbox"/> Transgender</div> <div>5. Date of Birth/Incorporation/Agreement/Partnership or Trust Deed/ Formation of Body of individuals or association of Persons</div> <div>DayMonthYear</div> <div>06/01/2003</div> <div>6. Details of Parents (applicable only for individual applicants)</div> <div>Whether mother is a single parent and you wish to apply for PAN by furnishing the name of your mother only?Yes<input type="checkbox"/> No<input checked="" type="checkbox"/></div> <div>If yes,please fill in mother's name in the appropriate space provided below.</div> <div>(please tick as applicable)</div> <div>Father's Name (Mandatory except where mother is a single parent and PAN is applied by furnishing the name of mother only)</div> <div>Last Name/SurnameGHIMIRE</div> <div>First NameGANESH</div> <div>Middle Name</div> <div>Mother's Name (Optional except where mother is a single parent and PAN is applied by furnishing the name of mother only)</div> <div>Last Name/SurnameGHIMIRE</div> <div>First NameBISHNU</div> <div>Middle Name</div> <div>Select the name of either father or mother which you may like to be printed on PAN card (select one only)</div> <div>(In case no option is provided then PAN card will be issued with father's name)</div> <div><input checked="" type="checkbox"/> Father's Name<input type="checkbox"/> Mother's Name</div> <div>(Please tick as applicable)</div> <div>(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 mother only)</div> <div>7. Address</div> <div>Residence Address</div> <div>Flat / Room / Door / Block No.CHANAKYA BLOCK</div> <div>Name of Premises / Building / VillageRIT BOYS HOSTEL</div> <div>Road / Street / Lane/Post OfficeRAJARAMNAGAR</div> <div>Area / Locality / Taluka/ Sub-WALWA</div> <div>Town / City / DistrictSANGLI</div> <div>State / Union TerritoryPincode / Zip codeCountry Name</div> <div>MAHARASHTRA415409INDIA</div> <div>Office Address</div> <div>Name of office</div> <div>Flat / Room / Door / Block No.</div> <div>Name of Premises / Building / Village</div> <div>Road / Street / Lane/Post Office</div> <div>Area / Locality / Taluka/ Sub- Division</div>										

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

Area/STD Code

Telephone / Mobile number

91

9473548106

Email ID

SURAJGHIMIRE13579@GMAIL.COM

10. Status of applicant

Please select status, as applicable



Government



Individual



Hindu undivided family



Company



Partnership Firm



Association of Persons



Trusts



Body of Individuals



Local Authority



Artificial Juridical Persons



Limited Liability Partnership

11. Registration Number (for company, firms, LLPs etc.)

12. Country Of Citizenship

NEPAL

ISD Code Of Country Of Citizenship

977

13. Source of Income



Salary



Capital Gains



Income from Business /

Business/Profession

[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 /

Road / Street / Lane/Post Office

Area / Locality / Taluka/ Sub- Division

Town / City / District

State / Union Territory

Pincode

Country Name

15. Documents submitted as Proof of Identity (POI), Proof of Address (POA) and Proof of Date of Birth (DOB)

I/We have enclosed

Passport

as proof of identity

Bank Account Statement in the country of residence

as proof of address and

NA

as mandatory certified documents

[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 1 to be used wherever applicable]

16 KYC details* [To be filled in by Foreign Institutional Investor or a Qualified Foreign Investor, as prescribed under the regulations issued by the Securities and Exchange Board of India (SEBI)]

["Control" as defined under SEBI (Substantial Acquisition of Shares and Takeovers) Regulations, 1997

"Beneficial owner" as defined in the para 5.1 of SEBI circular on Anti Money Laundering.]

(a) In case of Individuals

Please select ☒ as applicable

Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widow/Widower

Citizenship Status ☒ I Foreigner ☐ P Person of Indian origin ☐ O Overseas citizen of India

In case of foreigner, country of citizenship

Occupation details ☐ Private sector service ☐ Public sector/Govt. service ☐ Business ☐ Professional
☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Others

(b) In case of non individuals

Please select ☒ as applicable

☐ R Private Company ☐ U Public Company ☐ D Body Corporate
☐ S Financial Institution ☐ N Non Government Organization ☐ C Charitable Organization

(C) Gross Annual Income - INR

Networth (Assets less liabilities) in INR

(d) In case of a Public Company, whether listed on a stock exchange ☐ Yes ☐ No Please select ☒ as applicable

If yes, then indicate name of the stock exchange

(e) In case of Non-individuals

Does it have few persons or persons of the same family holding beneficial ownership and control.

☐ Yes ☐ No Please select ☒ as applicable

["Control" :Control shall include the right to appoint majority of the directors or to control the management or policy decisions exercisable by a person or persons acting individually or in concert, directly or indirectly, including by virtue of their shareholding or management rights or shareholders agreements or voting agreements or in any other manner "Beneficial owner" means the natural person who ultimately owns or controls the applicant and/or the person on whose behalf a transaction is being conducted, and includes a person who exercises ultimate effective control over a juridical person]

(f) Is the entity involved / providing any of the following services

Please select ☒ as applicable

Foreign exchange, Money Changer Services ☐ Yes ☐ No
Gaming/Gambling/Lottery services (Casinos and Betting Syndicates) ☐ Yes ☐ No
Money Lending, Pawning ☐ Yes ☐ No

(g) Whether the applicant or the applicant's authorised signatories/trustees/office bearers is

(i) a politically exposed person ☐ Yes ☐ No
(ii) related to a politically exposed person ☐ Yes ☐ No

[For definition of politically exposed person refer to guidelines issued under the Prevention of Money Laundering Act (PMLA)]

(h) Taxpayer identification Number in the country of residence

17 I/We SURAJ GHIMIRE

the applicant, in the

Himself/Herself

do hereby declare that what is stated above is true to the best of my/our information and belief.

Place RIT COLLEGE SANGLI

DD MM YYYY

Date 02/06/2024

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