		-	-		U,	0	1		-	and the	-	-		-			-							,
Only In the case		diar	Inin Under	otp	s/In	×	559	PRO	733	ing 3	es nd 196	ia]	rpo	rate				1					'Indiv to affix photo (3.5	nly iduals' crecen ograph cm x
Assessing of	ficer (AO	code	e)							C	2	1	12	3		K	2					2.5	cm)
Area code		1	40 ty	/ре	I	F	Range	е со	de		A	ON	o.											
Lacross this photo	7			w		1	1	2	1				1	1		Ve	90	lai	nt	F	O	un	da	tio
(BSIL																								
	20001	int n	umb	or bo	oll	ottad	to m	-/																
We give below necessary particulars:	accou	111111	umb	er be	all	ottea	to me	e/us						-		10		_		_		_		
Full Name (Full expanded name to b	e mer	ntio	ned a	as ap	pe	aring	in p	roof	of it	denti	ity/a	ddre	ess	doc	ume	nts	_	_	_	_	_			
Please select title, as applicable		7		Γ							-	- /								16				,
Last Name / Surname	V	E	D	A	N	T	F			-		_	T	1	0	N	I	T	T	T	T	T	T	T
First Name			1			H	Ť	1	1				1	Ė			+	+	+	+	+	+	+	+
Middle Name		T			7	H	十	T		+	1						\dagger	\dagger	+	\dagger	+	+	+	
Abbreviations of the above name, as	s you	wor	ıld li	ke it.	to	be p	rinte	d on	the	PAN	car	d			1			1					11 1	1
CIEI OLO IIII		-	-	-11	-		-	Т					-	1	T		11	111	Ш	$\ \mathbf{l} \ $	W	M	M	
V = -1,1.9,1 1.0		-	7	+	1		-	-		1	1		+	+	+	Ya.E	1	М	W	$\ \ $	\mathbb{N}	M	H	11
Have you ever been known by any o	ther n	name	e?	-	_	Yes		Г	N	0	1			_	_		1	1	70	00)4	4:	348	3
If yes, please give that other name				L		,															-	-Pill	abie	,
Please select title, as applicable		Sh	ri			Smt.			Kuma	ari		M/	s											
Last Name / Surname																			T	T	T		T	
First Name																		T						
Middle Name																		I		I	I			
Gender (for Individual applicants on	ly)					Mal	е		F	emal	е						(pl	ease	e tic	k a	s ap	plic	able)
Date of Birth/Incorporation/Agreeme	nt/Pai	rtne	rship	or 1	Tru	st De	ed/ F	orm	atio	n of	Boo	ly of	ind	ivid	uals	or	ass	soci	atio	n o	f Pe	rso	ns	
Day Month Year	7																							
	_																							
Father's Name (Only 'individual' app	licants	s : E	ven	mari	ried	wor	nen s	shou	ıld fi	ll in	fath	er's	nan	ne o	nly)									
Last Name / Surname	-					-	+	-	1											L		1		
	-			-	-	-	+																	Ц
Middle Name					- 1						_							+	+	+	+	+	_	
																		I			İ	İ	I	
Address																			I		İ	İ		Ш
Address Residence Address									Ι.												<u> </u>	<u> </u>		
Address Residence Address Flat / Room / Door / Block No.				1		1															<u> </u>	<u> </u>	I	
Address Residence Address Flat / Room / Door / Block No. Name of Premises / Building / Village				-		1																<u> </u>		
Address Residence Address Flat / Room / Door / Block No. Name of Premises / Building / Village Road / Street / Lane/Post Office																								
Address Residence Address Flat / Room / Door / Block No. Name of Premises / Building / Village Road / Street / Lane/Post Office Area / Locality / Taluka/ Sub- Division		4,																						
Address Residence Address Flat / Room / Door / Block No. Name of Premises / Building / Village Road / Street / Lane/Post Office				Pin		de / Z	in co	de				1		Cour	ntry	Nag	ne ne							
Address Residence Address Flat / Room / Door / Block No. Name of Premises / Building / Village Road / Street / Lane/Post Office Area / Locality / Taluka/ Sub- Division Town / City / District				Pin	lico	de / Z	ip co	de			+			Cou	ntry	Nar	ne							
Address Residence Address Flat / Room / Door / Block No. Name of Premises / Building / Village Road / Street / Lane/Post Office Area / Locality / Taluka/ Sub- Division Town / City / District				Pin		de / Z	ip co	de						Cou	ntry	Nar	me							
Address Residence 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 Office Address Name of office				Pin		de / Z	ip co	de				1		Cou	ntry	Nar	me							
Address Residence 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 Office Address Name of office Flat / Room / Door / Block No.												1		Cou	ntry	Nar	me							
Residence 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 Office Address Name of office Flat / Room / Door / Block No. Name of Premises / Building / Village			N:	Do	>	LF		G				1		Cou	ntry	Nar	ne							
Residence 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 Office Address Name of office Flat / Room / Door / Block No. Name of Premises / Building / Village Road / Street / Lane/Post Office	R	A	N	Do	>	LF		66	AAA					Cou	ntry	Nar	ne							
Residence 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 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	P	A	N:	Do)	LF	F F I	66				1		Cou	ntry	Nar	me							
Residence 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 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	P	A	N:	DODO))	LFAN	A A	GGR				1												
Residence 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 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	P B	A	N:	DODO	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LF	A L A	G G R		M				Cour	ntry	Nan								
N r A	In the case In the case Individual In affix the hit photom aph Individual In affix the hit photom aph Individual In affix the hit photom aph Individual In affix the hit photom aph Individual In affix the hit photom aph In affix the hit photom aph In a sees a code In a sees a code In a sees a code In a sees a code In a sees a code In a sees a code In a sees a code In a sees a code In a sees a code In a sees a code In a sees a code In a sees a code In a sees a code In a sees a code In a sees a code In a	In the case of Individual applicants only) Conly affix the introduction apply as a series of the case of Individual applicants only) Conly affix the introduction apply and the case of Individual applicants only) In the case of Individual applicants only) In the case of Individual applicants only) In the case of Individual applicants only) In the case of Individual applicants only) In the case of Individual applicants only) In the case of Individual applicants only individual applicants only In the case of Individual applicants only individual applicants only individual applicants only In the case of In the case of In the affirm	In the case of Indian To avoid mistake (s), please com x 2.5 cm) Assessing officer (AO Area code	In the case of Indian by Unin Under To avoid mistake (s), please for Assessing officer (AO code Area code AO for Area code AO	In the case of Indian Different Unincomposition of the Interest Individual Content of In	Only and the case of Indian Virtuals/Indian and Composition of the above name, as you would like it, to virtuals as applicable where years that other name Please select title, as applicable where years estentially applicants only) Date of Birth/Incorporation/Agreement/Partnership or True Day Month Year OS 2015 Father's Name (Only 'individual' applicants : Even married where years years where years years where years where years where years where years years where y	Only Unincorporation To avoid mistake (s), please follow the account number be allotted by give below necessary particulars: Full Name (Full expanded name to be mentioned as appearing Please select title, as applicable Shri Smt. Last Name / Surname Have you ever been known by any other name? If yes, please give that other name Please select title, as applicable Shri Smt. Last Name / Surname First Name Middle Name Gender (for Individual applicants only) Date of Birth/Incorporation/Agreement/Partnership or Trust De Day Month Year O S O S 2 0 1 5 Father's Name (Only 'individual' applicants : Even married wor Last Name / Surname First Name First Name Last Name / Surname	In the case of Indian Dates In Unification State In Junification In Junification State In Junification	In the case of Indian Patens/In United to 155926 Assessing officer (AO code) Area code AO type Range code give below necessary particulars: Full Name (Full expanded name to be mentioned as appearing in proof Please select title, as applicable Shri Smt. Last Name / Sumame Abbreviations of the above name, as you would like it, to be printed on VEDANT FOUNDATION Have you ever been known by any other name? Please select title, as applicable Shri Smt. Last Name / Sumame First Name Middle Name Please select title, as applicable Shri Smt. Last Name / Surname Please select title, as applicable Shri Smt. Base Sumander Sumame First Name Middle Name Please select title, as applicable Shri Smt. Base Sumander Sumame Please select title, as applicable Shri Smt. Base Sumander Sumame Please select title, as applicable Shri Smt. Base Sumander Sumame First Name Middle Name Gender (for Individual applicants only) Male Date of Birth/Incorporation/Agreement/Partnership or Trust Deed/ Form Day Month Year Day Month Year Day Month Year Day Month Year Day Month Year Day Sumame	In the case of Indian Intrens/In PROCESS Unifications 55926733 Assessing officer (AO code) Area code	In the case of Indian Ditaens/In Processing Figure 1 and 1 a	In the case of Indian Dataens/In Unitodappia (Page 1990) and processing of the affity	In the case of Indian batters/In United transfer Processive Proces	In the case of Indian batters/In University of the case of Indian batters/In University of the case of Indian batters/In University of the case of Indian batters/In University of the case of Indian batters/In University of the case of Indian batters/In University of the case of Indian batters/In University of the case of Indian batters/In University of the case of Indian batters/In University of the case of Indian batters/In University of the case of Indian batters/In University of the case of Indian batters/In University of the case of Indian batters/In University of the case of Indian batters/In University of the case of Indian batters/In University of the case of Indian batters/In University of Indian batters/In Universit	In the case of Indian but lens in processino and a processino in the part of t	In the case of Indian Durbens/In Unincorporated in Justine 1988 Sessing officer (AO code) Assessing officer (AO code) Area code AO type Range code AO No. If we hereby request that a permanent account number be allotted to me/us. If we hereby request that a permanent account number be allotted to me/us. If we hereby request that a permanent account number be allotted to me/us. If we hereby request that a permanent account number be allotted to me/us. If we hereby request that a permanent account number be allotted to me/us. If we hereby request that a permanent account number be allotted to me/us. If we hereby request that a permanent account number be allotted to me/us. If we hereby request that a permanent account number be allotted to me/us. If we hereby request that a permanent account number be allotted to me/us. If we hereby request that a permanent account number be allotted to me/us. If we hereby request that a permanent account number be allotted to me/us. If we hereby request that a permanent account number be allotted to me/us. If we hereby request that a permanent account number be allotted to me/us. If we hereby request that a permanent account number be allotted to me/us. If we hereby request that a permanent account number be allotted to me/us. If we hereby request that a permanent account number be allotted to me/us. If we hereby request that a permanent account number be allotted to me/us. If we hereby request that a permanent account number be allotted to me/us. If we hereby request that a permanent account number be allotted to me/us. If we hereby request that a permanent account number be allotted to me/us. If we hereby request that a permanent account number be allotted to me/us. If we hereby request that a permanent account number be allotted to me/us. If we hereby request that a permanent account number be allotted to me/us. If we hereby request that a permanent account number be allotted to me/us. If	In the case of Indian Directory In the case of Indian Directory	In the case of Indian than all processing the incorporated in Indian Unit of the Company of the	In the case of Indian batensIn Section 1 Secti	In the case of Indian betters/In the case of Indian betters/In the case of Indian betters/Indianal part of the case of Indian better indications and indianal part of the case of Indian better indications and indianal part of the case of Indian better indications and indianal part of the case of Indian better indications and indianal part of the case of Indian better indications and indianal part of the case of Indian better indications and indianal part of the case of Indian better indications and indianal part of the case of Indian better indications and indianal part of the case of Indian better indications and indianal part of the case of Indian better indications and indianal part of the case of Indian better indications and indianal part of the case of Indian better indications and indianal part of the case of Indianal part of the case of Indian better indications and indianal part of the case of Indian between Indianal part of the case of Indianal part of	[In the case of Indian by the state of Indian by Indian by the state of Indian by the state of Indian by the state of Indian by I	[In the case of Indian tribens/In United States Indian	[In the case of Indian trategrafin Indian In	In the case of Indian bytensing bytensing the control of the case of Indian bytensing bytensing the control of the case of Indian bytensing bytensing the control of the case of Indian bytensing bytensin bytensing bytensing bytensing bytensing bytensing bytensing byt

:

9 Telephone Number & Email ID details				
Country code Area/STD	Code	Telephone / Mo		1 10/2
91	94	1260 6	10581	1 Pb. 1
Email ID				100 VO
10 Status of applicant	5345 303			The to
Please select status, as applicable				Government
Vedent-Toundation	d family Compan	ny 🔲	Partnership Firm	Association of Persons
			Artificial Juridical Person	s Limited Liability Partnership
Trusts Body of Individual		athony		
11 Registration Number (for company, firm				
	VNAGAR			
12 Please mention your AADHAAR numbe	r (if allotted)	10 7 7	CAST IV	
				Please select, ✓ as applicable
13 Source of Income				
Salary				Capital Gains
Income from Business / Profession	Business/Profession coo	de For	Code: Refer instructions]	Income from Other sources
Income from House property				No income
AL Barracontative Assesses (RA)				
Full name, address of the Representative	e Assessee, who is asses	ssible under the Inc	come Tax Act in respect of	the person, whose particulars have
been given in the column 1-13.				
Full Name (Full expanded name : initia	als 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			
State / Cition Towner,				
15 Documents submitted as Proof of Iden	ntity (POI) Proof of Add	ress (POA) and P	roof of Date of Birth (DO	B)
15 Documents submitted as Proof of Idea	titly (1 Oi), 1 Tool of The	1.=	Rogn	Cost ticale/
I/We have enclosed Rog	n - Certifica	as proof of identity,	Let	les Head
as proof of address and	714			
[Please refer to the instructions (as spec	cified in Rule 114 of I.T. I	Rules, 1962) for list	of mandatory certified do	cuments to be submitted as applicable
[Annexure A, Annexure B & Annexure C a				
16 INE Verlant For			anasity of Da	esident
16 I/We VEXOCY FOR	and a feer, the	e applicant, in the c	apacity of 7 0	
do hereby declare that what is stated at	TITIES THE TO THE best of	my/our information	and belief.	
RECEI	VED.	13 1	Vedant F	oundation
Place: Bhowngas	2015	A SUTTO	A. K. Visumi ma	ans a
2 1	7013	TANA	President/Secr	etary/Treasurer
DDMMYYY	Y		r tosidenio oden	oldi ji i i ododi oi
Date : 310520	CH CENTRE	Signature	/ Left Thumb Impression	of Applicant (inside the box)
IT PAN SHINGS	R. DEJB 204		9	9
BULL				

No. 1286

નોંધણીનો દાખલો

49/20 it. MG

. છે છુંગાલ દામામાં મીક માર્ગ માર્ગ છે. અન્વમેખાતેની સાર્વજીનિક ટ્રસ્ટ ના મુંબઈના સાર્વજીનિક ટ્રેસ્ટો બાબતના (સન ૧૯૫૦ ના મુંબઈના ૨૯ માં) અધિનિયમ ૦૫૭૧ મુક્ક કેન્યુજી કામના માને છે કે હેઠળ જણાવેલા સાર્વજનિક ફર્સને સને ૧૯૫૦

सार्थित इस्ते नाम तिहास इतिहास

सार्वश्रीत हारहरमांनी नंभर असे निर्देश हो। १८६८ (भाप मर)।

डोने हामखे आप्यो ते अरियत दिनं ए जांक्तीन दिनं ए

सम् २०९५ ने हिने आयो FIJUE

मह सहीबी आंथ तारीय 2011 है। मारे

Sheffe 1396 19163340

शिर्मियगड अड्डा, भाषवागड,



VEDANT FOUNDATION

Randola gam, Ta. Palitana, Dist. Bhavnagar(Guj.)

(10 अहियतिसंदु जैलाविसंदु जीविय वेडीपा) नायाकाताला

मोलाहित्व ६. ८५८० २०१८ र

Date. 19/05/2015 Ref. No. 003 anisonen office colors MARI Puru: Buzisa 212011011 419815 5187 211441 61101112 9- 11 genuaig के वहाँग हा उडियम, 237 जा छुड़ा में आये म हे व्हिमना पान शह डाहा आपवा आहे आप आहेवार्च याम 271 NIA 818 8189 21Mai 212 2121 Rioso 2014 भार्यान त्या प्रांत हुन्न छा २में लो अप्रांत जीमें हुन कालारी हरशीक, भाषप्रीय है हरला स्राम मारे लागडाहरण राउट होए तो हिमरीक्षा कारणाणी you sis show ream



Hynen Salumist chaison

Vedant Foundation

A. Kilsuni Mana

President/Secretary/Treasurer