

090027174

Only
Individuals
to affix recent
photograph
(3.5 cm x
2.5 cm)

Application for Allotment
[In the case of Indian Citizens/In
Unincorporated
Under section 130A]

To avoid mistake (s), please follow the acco

85⁰⁰
PAN CARD
PROCESSING
FEE

559267333

Account Number
ies incorporated in India/
India]
1961

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.
G U J	W	1 2 1	1

Sign Left Thumb Impression
at this photo

Vedant Foundation

A.K. Vignani
President/Secretary/Treasurer

Signature/Left Thumb Impression

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/address documents: initials are not permitted)

Please select title, ☒ as applicable

☐ Shri ☐ Smt. ☐ Kumari ☒ M/s

Last Name / Surname

VEDANT FOUNDATION

First Name

Middle Name

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

VEDANT FOUNDATION

3 Have you ever been known by any other name?

☐ Yes ☒ No

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

(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

08 05 2015

6 Father's Name (Only 'individual' applicants : Even married women should fill in father's name only)

Last Name / Surname

First Name

Middle Name

7 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

Pincode / Zip code

Country Name

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

State / Union Territory

Pincode / Zip code

Country Name

GUJARAT

364 270

INDIA

8 Address for Communication

☐ Residence

☒ Office

(Please tick as applicable)



9 Telephone Number & Email ID details

Country code Area/STD Code Telephone / Mobile number

Email ID

10 Status of applicant

Please select status, ☒ as applicable

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

☒ Trusts ☐ Body of Individuals ☐ Local Authority ☐ Artificial Juridical Persons ☐ Limited Liability Partnership

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

12 Please mention your AADHAAR number (if allotted)

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 (DOB)

I/We have enclosed as proof of identity, as proof of address and 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 the applicant, in the capacity of do hereby declare that what is stated above is true to the best of my/our information and belief.

Place :



Date :

Vedant Foundation

President/Secretary/Treasurer

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

સાંસ્કૃતિક શાળા સંસ્થા, ગાંધીધામ,
રાજકોટ

સંસ્કૃતિક શાળા સંસ્થા



મારી સહી અને મુદ્રા સાથે આ પત્ર ૨૦૧૮ ની ૧૨/૦૮/૧૮ ના રોજ તારીખે મોકલવામાં આવ્યું છે.

સહી

આ પત્ર સાથે આજીવન સહાયતા આપવામાં આવશે. આજીવન સહાયતા આપવામાં આવશે.

આજીવન સહાયતા આપવામાં આવશે. આજીવન સહાયતા આપવામાં આવશે.

આજીવન સહાયતા આપવામાં આવશે. આજીવન સહાયતા આપવામાં આવશે.

આજીવન સહાયતા આપવામાં આવશે. આજીવન સહાયતા આપવામાં આવશે.

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૨૪.૮.૧૯/૧૮
ગાંધીધામ

No. 1286



Register No. F/2964

VEDANT FOUNDATION

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

C/O અલિપતસિંહ ગાંધીસિંહ ગોહિલ રાંડોળા તા.પાલતાણા

મોબાઈલ નં. 926080469

Ref. No. ૦૦૩

Date. 19/05/2015

પ્રતિ,
શાઈવજી

Office Order

વિષય: ઉપરોક્ત સંસ્થાના પાન કાર્ડ કાઢી આપવા બાબતે
જે. ન જલાલવાળે કે વદાન હાઉસિંગ, રાંડોળા મુકામ. આવીને છે
જમના પાન કાર્ડ કાઢી આપવા માટે આપ શાઈવજી નમુ
વિનંતી આ પાન કાર્ડ કાઢી આપવા માટે અમે
આપ શાઈવજી નમુ વિનંતી કરીએ છીએ. તો આપણી
પ્રીતિથી કરી આજના ૧૨/૦૫/૧૫, શાવણીકે દરરોજ
કામ માટે જાનકરના જરૂર હોય તો ઉપરોક્ત સંસ્થામાં
પાન કાર્ડ મોકલવા વિનંતી



તા.
મુગધા
અમુલ કેશવભાઈ વાડાડા
Vedant Foundation
A.K. Visani
President/Secretary/Treasurer