

Photo not  
Required  
Authorized  
Person's  
Stamp &  
Sign  
Required

**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

Photo  
Not  
Required

Assessing officer (AO code)

Area code			AO type	Range code			AO No.	
A	P	R	W	1	2	3	1	2

Authorized Person's  
Stamp & Sign Required

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/date of birth/address documents: initials are not permitted)**

Please select title,  as applicable  Shri  Smt.  Kumari  M/s

Last Name / Surname

E D U C A T I O N A L T R U S T

First Name

Middle Name

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

E D U C A T I O N A L T R U S T

**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 Month Year

1 5 1 2 2 0 1 9

**6 Details of Parents (applicable only for individual applicants)**

Whether mother is a single parent and you wish to apply for PAN by furnishing the name of your mother only?

Yes  No (please tick as applicable)

If yes, please fill in mother's name in the appropriate space provide below.

**Father's Name (Mandatory except where mother is a single parent and PAN is applied by furnishing the name of mother only)**

Last Name / Surname

First Name

Middle Name

**Mother's Name (optional except where mother is a single parent and PAN is applied by furnishing the name of mother only)**

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)

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

(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 the mother only).

**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

# Office address field is Mandatory

Name of office	E D U C A T I O N A L T R U S T																															
Flat / Room / Door / Block No.	F L A T N O .																															
Name of Premises/Building/Village	B U I L D I N G																															
Road / Street / Lane/Post Office	S T R E E T																															
Area/Locality/Taluka/Sub- Division	T A L U K A																															
Town / City / District	D I S T R I C T																															
State / Union Territory	STATE			Pincode / Zip code			Country Name																									
				1 2 3 4 5 6			INDIA																									
<b>8 Address for Communication</b>																																
			<input type="checkbox"/> Residence			<input checked="" type="checkbox"/> Office			(Please tick as applicable)																							
<b>9 Telephone Number &amp; Email ID details</b>																																
Country code		Area/STD Code			Telephone / Mobile number																											
0 9 1					9 8 7 6 5 1 2 3 4 5																											
Email ID		steelcity.visakhapatnam@xmail.com																														
<b>10 Status of applicant</b>																																
Please select status, <input checked="" type="checkbox"/> as applicable																																
<input type="checkbox"/> Individual	<input type="checkbox"/> Hindu undivided family	<input type="checkbox"/> Company	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Government																												
<input checked="" type="checkbox"/> Trusts	<input type="checkbox"/> Body of individuals	<input type="checkbox"/> Local Authority	<input type="checkbox"/> Artificial Juridical Persons	<input type="checkbox"/> Association of Persons																												
				<input type="checkbox"/> Limited Liability Partnership																												
<b>11 Registration Number (for company, firms, LLPs etc.)</b>																																
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<b>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</b>																																
Please mention your AADHAAR number (if allotted) <table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																
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Name as per AADHAAR letter or card or as per the Enrolment ID of Aadhaar application form																																
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<b>13 Source of Income</b>																																
										Please select, <input checked="" type="checkbox"/> as applicable																						
<input type="checkbox"/> Salary	<input type="checkbox"/> Income from Business / Profession			Business/Profession code <table border="1" style="width: 20px; height: 20px;"><tr><td></td><td></td></tr></table>				[For Code: Refer instructions]			<input type="checkbox"/> Capital Gains																					
<input type="checkbox"/> Income from House property						<input checked="" type="checkbox"/> Income from Other sources			<input type="checkbox"/> No income																							
<b>14 Representative Assessee (RA)</b>																																
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.																																
<b>Full Name (Full expanded name : initials are not permitted)</b>																																
Please select title, <input checked="" type="checkbox"/> as applicable																																
		<input type="checkbox"/> Shri	<input type="checkbox"/> Smt.	<input type="checkbox"/> Kumari	<input type="checkbox"/> M/s																											
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<b>15 Documents submitted as Proof of Identity (POI), Proof of Address (POA) and Proof of Date of Birth (POB)</b>																																
I/We have enclosed <span style="border: 1px solid red; padding: 2px;">Trust deed / Related Proof</span> as proof of identity, <span style="border: 1px solid red; padding: 2px;">Trust deed / Related Proof</span> as proof of address and <span style="border: 1px solid black; padding: 2px;"></span> as proof of date of birth.																																
<b>16 I/we</b>																																
<span style="border: 1px solid red; padding: 2px;">Authorized Person's Name</span>		, the applicant, in the capacity of						<span style="border: 1px solid red; padding: 2px;">Trustee</span>																								
do hereby declare that what is stated above is true to the best of my/our information and belief.																																
Place :		<span style="border: 1px solid red; padding: 2px;">City / Town / District</span>																														
Date :		<span style="border: 1px solid red; padding: 2px;">1 5 1 2 2 0 1 9</span> <span style="color: blue; font-weight: bold; margin-left: 10px;">← Ack Receipt Generated Date</span>																														
										Authorized Person's Stamp & Sign Required																						

# Guidelines for Trust Category PAN application

## Document acceptable for Trust

- 1) Trust deed or
- 2) Copy of certificate of registration number issued by charity commissioner

**These related names belongs to Trust category**

Educational / Welfare / Memorial / Charitable / Spiritual Trust  
Ashram / Seva ashram / Vrudda ashram  
Foundation / Educational Foundation

Office address is field is mandatory for Trust, Firm, LLP ,Company ,Government & Local Authority Categories.

Residence address field should be blank.

Name should not be prefixed with any title such as Shri, Smt, Kumari, Dr, Major, M/s etc.

<b>Category</b>	<b>Capacity Of Verifier</b>
Hindu Undivided Family	Karta
Firm / LLP	Partner
Trust	Trustee
Company	Authorized Signatory / Director
Association Of Persons	Authorized Signatory
Government	Authorized Signatory
Local Authority	Authorized Signatory
Body Of Individuals	Authorized Signatory
Artificial Juridical Person	Authorized Signatory

### **Dispatch Of Physical Documents**

- Pls send all physical documents (Pan, Tan, Tds, 24G, Sft) to Head office (Visakhapatnam) only .
- Physical documents should pack properly & send to head office safely.
- Physical documents should be sealed in tamper-proof envelopes, marked as **Restricted Confidential** and dispatched through reputed dispatch agencies.
- The documents should contain Acknowledgement receipt with relative proofs compulsory
- If you send documents without Acknowledgement receipt ,we will consider that document is not received at Head Office (Visakhapatnam) .

### **Dispatch Address :**

Mr.KVS Ramakrisna (Dy. General Manager , e-Governance)  
Steel city Securities Limited # 50-81-18 , Seethammapeta ,  
Visakhapatnam -530016 (Andhra Pradesh)  
Mobile : 9848192732 , 0891-6770222 .



ఆంధ్రప్రదేశ్ ఆంధ్ర ప్రదేశ్ ANDHRA PRADESH

BN 210432

Date: 21/07/2014, 11:38 AM

Serial No: 110,611

Denomination: 100

Purchased By:  
SATISH PALAPALA  
S/O RAMA KRISHNA  
VISAKHAPATNAM

For Whom:  
SWASA FOUNDATION  
VISAKHAPATNAM

*[Signature]* 21/7/14  
Sub Registrar / J.A.  
Ex. Officio stamp vendor  
SRO: Gopalapatnam

**DEED OF THE TRUST**

Dated: 21<sup>st</sup> July, 2014

The registered office of the Trust shall be located at

Door No. 4-164-5/1, Plot No.128, 6th Lane, Ajantha Park, R.R.V.Puram Post

Gopalapatnam, Visakhapatnam- 530 029.

This deed of Trust is made on this the 21<sup>st</sup> day of July, 2014 at Visakhapatnam, Sri. SATISH PALAPALA, aged: 29 years, son of Late Rama Krishna, residing Door No. 4-164-5/1, Plot No.128, 6th Lane, Ajantha Park, R.R.V.Puram Post Gopalapatnam, Visakhapatnam- 530 029. Here after called the settler, has constituted this irrevocably with the following conditions.

1. **CONSTITUTION OF THIS TRUST**

The Trust shall be called by the name **SWASA FOUNDATION** (here after Referred to as trust). Shall be registered as a charitable trust. The trust shall function as a voluntary



ఆంధ్రప్రదేశ్ ఆంధ్ర ప్రదేశ్ ANDHRA PRADESH

13/3/07 10

Kasina Venkateswara Rao S. Appala-Swamy  
Kakinada

Self

### KVR FOUNDATION (A Charitable Trust)

The Deed of declaration of KVR FOUNDATION (A Charitable Trust) is executed on this 21<sup>st</sup> day March. 07 By

Kasina Venkateswara Rao son of late Kasina Appalaswamy aged 54 years Lecturer MSN Degree College, Kakinada and permanent residing at Door No. 5-8-6, Lachirajuvari street, suryaraopeta Opp.NGO home, Kakinada-533001(A.P)

Whereas I am desirous to establish public charity in the name and styled as **KVR FOUNDATION (A Charitable Trust)** at Kakinada and I am contributing a sum of Rupees 5,000/- (Five Thousand) as corpus fund and which it shall be deposited in the Bank and shall opened in the name of the said Trust.

Whereas the declarant above named as Chairman and Managing Trustee desire and to record and declare the trust and objects and proposes for which the trust fund and the income thereof is held and

प्रारूप-8  
नियम 7(2) देखिये



## सोसाइटी-रजिस्ट्रीकरण

का

प्रमाण-पत्र

(अधिनियम संख्या 21, 1860 के अधीन )

पंजीकरण संख्या HAT/05404/2019-2020

एतद्वारा प्रमाणित किया जाता है कि शास्त्री जी ग्राम सेवा आश्रम, लालगढ़ी पोस्ट अगराना, हाथरस, हाथरस, 204211 को आज उत्तर प्रदेश में अपनी प्रवृत्ति के संबंध में यथासंशोधित सोसाइटी रजिस्ट्रेशन अधिनियम 1860 के अधीन सम्यक रूप से रजिस्ट्रीकृत किया गया है। यह प्रमाण पत्र दिनांक 19/09/2024 तक विधिमान्य होगा। आज दिनांक 20/09/2019 को मेरे हस्ताक्षर से दिया गया।

Digitally Signed By  
(VINOD KUMAR SINGH)

सोसाइटी के रजिस्ट्रार,  
उत्तर प्रदेश।

विशेष-अ.जा./मु. सा. वि./५० म.

क्रमांक

~~0061846~~



## नोंदणी प्रमाणपत्र

संस्था नोंदणी अधिनियम, १८६०

(१८६० चा अधिनियम, २१)

महा ५४/२०१९/ठाणे  
नोंदणी क्रमांक

याद्वारे असे प्रमाणित करण्यात येते की, परमार्थ फाऊंडेशन  
अंबरगाथ (पुर्व), जि. ठाणे

खालील तारखेस संस्था नोंदणी अधिनियम, १८६० (सन १८६० चा अधिनियम, २१) अन्वये योग्यरित्या नोंदणी करण्यात आली.

तारीख : १० जानेवारी २०१९ रोजी माझ्या सहीनिशी दिले.



*Ramesh*

(र.स.स.राय)

संस्थांचे सहायक निबंधक,  
तहासक संस्था निबंधक  
ठाणे प्रदेश, ठाणे.

विभाग.

*Falsi*



25

## नोंदणीचे प्रमाणपत्र

याद्वारे प्रमाणपत्र देण्यात येते की, खाली वर्णन केलेली सार्वजनिक विश्वस्तव्यवस्था ही आज, मुंबई सार्वजनिक विश्वस्तव्यवस्था अधिनियम, १९५० (सन १९५० चा मुंबई अधिनियम क्रमांक २९) या अन्वये **सहाय्यक धर्मादाय आयुक्त** ..... येथील सार्वजनिक विश्वस्तव्यवस्था नोंदणी कार्यालयात योग्य रीतीने नोंदण्यात आलेली आहे.

सार्वजनिक विश्वस्तव्यवस्थेचे नाव

श्रीनाथ फाऊंडेशन ट्रस्ट, पानीव

मु.पो. पानीव, ता. आकशिरस, जि. सोलापूर

सार्वजनिक विश्वस्तव्यवस्थांच्या नोंदणी पुस्तकातील क्रमांक ई-१६२८/सोलापूर

श्री. राहुल अंकुश खवळे

यांस प्रमाणपत्र दिले.

आज दिनांक ८/५/२०१८ रोजी माझ्या सहीनिशी दिले.



सहाय्यक धर्मादाय आयुक्त  
सोलापूर विभाग सोलापूर  
पदनाम

## RULES AND REGULATIONS

### 1. NAME OF THE TRUST:

The name of the trust shall be:

### SADGURU KABIR SEWA ASHRAM & DHARAMSHALA TRUST

### 2. MEMBERSHIP OF THE TRUST

The membership of the Trust is open to only person Who has attained the age of majority and belongs to Sat Guru Sant kabeer followers ( Specially followers of Sadguru Kabir,) and fulfill the term And conditions Of the Trust (framed by the Board of Trustees /General Body from time to time) but subject to The Board of Trustees of Trust

**NOTE:** If the membership is not approved by the Board of Trustees' of the Trust the reason of refusal will be communicated to the person/applicant concerned

### 3. ADMISSION FEE & SUBSCRIPTION:

Admission Fee and Subscription fee shall be as under unless otherwise revised by the Board of Trustees of the Trust.

- (a) Admission Fee Rs,-5100/-at the time of admission.
- (b) Subscription Rs.2100/-per year.

### 4. TYPE OF MEMBERS:

At present there is only one type of members namely:-  
General Members Board of Trustees of Trust shall decide different types of members in its Board of Trustees Meeting called for this purpose.

28/2

34 IV



उत्तराखण्ड UTTARAKHAND

22 JUL 2016  
B 039250

न्यास घोषणा-पत्र  
राधा रमन सेवाश्रम ट्रस्ट।

मैं, शारदा नन्द गिरी पुत्र स्व० श्री शिव प्रसाद आयु लगभग 66 वर्ष, निवासी- ग्राम महाराजपुर कलां तहसील लक्सर जिला हरिद्वार (आधार कार्ड सं० 3625 3132 2146) का हूँ। मैं भारत को एक शिक्षित एवं समृद्ध राष्ट्र के रूप में देखना चाहता हूँ। इसलिए हमने इस पवित्र उद्देश्य हेतु उच्चस्तरीय शिक्षा संस्थान खोलने एवं सामाजिक चेतना जगाने का प्रण लिया है। जिससे शिक्षित एवं समृद्ध राष्ट्र का निर्माण हो। इसी उद्देश्य से हम, आज दिनांक 28-07-2016 को 5,100/- (पाँच हजार एक सौ रुपये) मात्र की प्रारम्भिक राशि से न्यास के स्थापना की घोषणा करता हूँ।

इस न्यास का नाम, कार्यालय, कार्यक्षेत्र, पवित्र उद्देश्य आदि निम्नलिखित होंगे -

- |    |                   |   |  |
|----|-------------------|---|--|
| 1. | न्यास का नाम      | : | राधा रमन सेवाश्रम ट्रस्ट।  |
| 2. | पंजीकृत कार्यालय  | : | ग्राम- महाराजपुर-कलां डाकखाना रायसी तहसील लक्सर जिला-हरिद्वार (उत्तराखण्ड) |
| 3. | कार्यक्षेत्र      | : | समस्त भारत   |
| 4. | न्यास के उद्देश्य | : |  |



1. ट्रस्ट का उद्देश्य शिक्षा का प्रचार-प्रसार करना। टीचर्स ट्रेनिंग कोर्सेस, नर्सिंग कोर्सेस, योग शिक्षा, बी०एड०, तकनीकी शिक्षा तथा खेल-कूद से सम्बन्धित शिक्षण-प्रशिक्षण केन्द्र खोलना। ट्रस्ट द्वारा युवक युवतियों को स्वरोजगार के लिए

शेष पृष्ठ 2 पर



*Surinder Singh*

## TRUST DEED

I, Swaroop Kishan Wahi S/o Late Sri Chand Kishan Wahi aged 84 years old, Resident of Chintamani Ashram, Sharvan Nath Nagar, Hardwar (Uttarakhand) due to my interest / Liking in the social and national activities, I have taken a vow to engage my entire life in the service of the society. Therefore with the grace of God, We have decided to form a Trust for the common good. The area of activities, the aims and the system of working will be as under. For this purpose, with a view to establish a Trust, I am dedicating a sum of Rs. 11,000/- for this Trust.

The name, office, area of its activities and pious aims shall be as under :

- 1- Name of the Trust : CHINTAMANI ASHRAM TRUST
- 2- Address of the office : Chintamani Ashram, Niranjani Akhada Road  
Hardwar (Uttarakhand)
- 3- Area of activities : Entire India
- 4- Aims of Trust :
  - i) To Work for the service of humanity without distinction of sects, country, cast and colour Differentiation and to propagate in Indian Heritage & Beliefs.
  - ii) To establish and maintain Guest Houses, Community Hall, Inn and / or Dharamshalas for the use of the public and to grant / receive assistance for the Purpose to other charitable institutions. To establish, promote, support, maintain, help and run medical or / and educational institutions and other establishments for giving medical relief & education to the public.
  - iii) To provide education, medicines, food, clothing, water, light and shelter for the poor or / and Needy persons and to give any other help for their upliftment.
  - iv) To organize training and employment for women and youth
  - v) To establish and maintain Homes, Orphanages, and other establishments for relief of and to give help to the poor & destitute, orphans and widows and otherwise provide for them.
  - vi) To establish, maintain and run institutions for senior citizens, their care, treatment, day home etc..

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नवीकरण प्रमाण पत्र क्रमांक.....

प्रारूप - 9

नियम 8 (2) देखिये

संख्या 3984

दिनांक 07/09/2017



सोसाइटी के नवीकरण का प्रमाण-पत्र  
( अधिनियम संख्या 21 , 1860 के अधीन )

नवीकरण संख्या 738 पत्रावली संख्या 11767-एम दिनांक 1986-1987

एतद्वारा प्रमाणित किया जाता है कि श्री राम कुष्ठ

आश्रम, हापुड़ रोड, मोदीनगर, जिला-गाजियाबाद

को

869

15-09-1986

दिये गये रजिस्ट्रीकरण प्रमाण-पत्र .....दिनांक ..... को दिनांक

15-09-2016

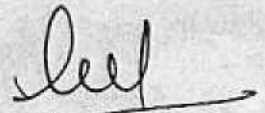
से पांच वर्ष की अवधि के लिए नवीकृत किया गया है ।

1550

रूपये की नवीकरण फीस सम्यक् रूप से प्राप्त हो गयी है ।

01-09-2017

जारी करने का दिनांक.....

  
सोसाइटी के रजिस्ट्रार  
उत्तर प्रदेश

Shri Ram Kussht Ashram  
Leoprosy Colony, Hapur Road  
Modinagar, Ghazipur (UP) R.N.-869



पश्चिमबङ्ग पश्चिम बंगाल WEST BENGAL

E 298758

certification that the document is admitted to registration. The Signature sheet and the endorsement sheets attached with this document are the part of this document

Adm. Officer, Sub-Registrar  
Sonarpur, South 24 Parganas.



## 'DEED OF CHARITABLE TRUST'

### " GOURANGA JAYPATAKA BHAKTA SEBASHRAM SANGHA "

THIS DEED OF CHARITABLE TRUST is made this 14<sup>th</sup> Day of FEBRUARY, 2018

#### BETWEEN

Sri SWAPAN KUMAR MAKHAL, Son of Sri Hriday Ranjan Makhal, aged about 49 years, faith - Hindu, by Occupation - Self Employed, residing at Nepalganj, Raghobpur, Dist - South 24 Parganas, Pin - 700103, West Bengal, hereinafter called the **SETTLOR** (which expression shall unless excluded by or repugnant to the subject or context be deemed to include his heirs, executors, administrators, assigns, and representatives) to the **ONE PART**.

E-Stamp No.- IN-UK08905287759282R

This deed of Declaration of Trust (Bachhi Devi Durga Dutta Kapilashrami Educational Foundation) executed at Haldwani on the 2<sup>nd</sup> day of April, 2019 by Anand Prakash Harbola, aged about 65 years, son of Late Sri Radha Ballabh Harbola, presently residing at Ma Girja sadan, Kosi Road Hanumangari, Ramnagar Nainital Utrakhnad herein after is referred to as the Author of the Trust.

WITNESSETH

The Author of the trust intends to establish a Trust for carrying out activities of charitable purpose in the form of extending education and learning, collection and dissemination of information, knowledge in Sanskrit (spoken and written) and other purposes for the preservation, protection, and promotion of the Hindu culture.

And whereas in order to realize the aforesaid desire, the Author of of the trust intends to establish a Trust for carrying out activities of charitable purpose in the form of education and research, dissemination of knowledge, wisdom, information, and other resources to different Academy and Institutions, etc. A sum of Rupees Ten thousand (INR 10,000/-) has been set apart for the same, which is held in the Trust by the Author of the Trust.

Therefore, by this deed of declaration of Trust, the Author of the Trust hereby creates a charitable Trust, which shall function in accordance with the rules and regulations framed below:-

I. TRUST NAME: This Trust shall be called 'Bachhi Devi Durga Dutta Kapilashrami Educational Foundation'.



सत्यमेव जयते

## नोंदणीचे प्रमाणपत्र

याद्वारे प्रमाणपत्र देण्यात येते की, खाली वर्णन केलेली विश्वास्थ्यवस्था ही आज, मुंबई सार्वजनिक विश्वास्थ्यवस्था अधिनियम, १९५० (सन १९५० चा मुंबई अधिनियम क्रमांक २९) या अन्वये नांदेड येथील सार्वजनिक विश्वास्थ्यवस्था नोंदणी कार्यालयात योग्य रीतीने नोंदण्यात आलेले आहे.

सार्वजनिक विश्वास्थ्यवस्थेचे नाव **भगवान श्रीकृष्ण व्रद्धाशराम भोकर टालुक. भोकर जिल्हा. नांदेड**

सार्वजनिक विश्वास्थ्यवस्थांच्याच्या नोंदणी पुस्तकातील क्रमांक E-0000614(NND)

भगवान जगन्नाठराव मोरे यांस प्रमाणपत्र दिले.

आज दिनांक 23 May 2018 रोजी माझ्या सहीनिशी दिले

## Certificate of Registration

It is hereby certified that the Public Trust described below has this day been duly registered under the Mumbai Public Trust Act, 1950 (BOM.XXIX of 1950) at the Public Trust Registration office Nanded

Name of the Public Trust BHAGWAN SHRIKRUSHNA VRADHASHRAM BHOKAR TALUKA. BHOKAR JILHA. NANDED

Number in the Register of Public Trusts E-0000614(NND)

Certificate issued to BHAGWAN JAGANNATHRAO MORE

Given under my hand this 23 Day of May 2018.

*[Handwritten Signature]*



Signature

*[Handwritten Signature]*

सहाय्यक धर्मदाय आयुक्त  
नांदेड विभाग नांदेड



403/17 IV



उत्तर प्रदेश UTTAR PRADESH

26 OCT 2017 DU 528773

ट्रस्ट डीड  
( शिव शक्ति मानवीय आश्रम )

यह पब्लिक चैरिटेबल ट्रस्ट, शिव शक्ति मानवीय आश्रम, इण्डियन ट्रस्ट एक्ट 1882, व चैरिटेबल एण्ड रिलीजियस ट्रस्ट एक्ट 1920 के अन्तर्गत दिनांक 30.10.2017 को फूलचन्द्र मौर्य पुत्र श्री श्रीराम मौर्या, निवासी-65/50जी, गोविन्दपुर, इलाहाबाद उ०प्र० द्वारा संस्थापक के रूप में स्थान - कैलाशपुरी, गोविन्दपुर, इलाहाबाद उ०प्र०-211004, में संस्थापित की गई। जिसके अनुसार गठित ट्रस्ट - शिव शक्ति मानवीय आश्रम में निम्नलिखित ट्रस्टी होंगे।

क्र०सं०	ट्रस्टी का नाम	पिता/पति का नाम	पता	पद	ट्रस्टी की सदस्यता श्रेणी
1.	फूलचन्द्र मौर्या आई डी नं-आधार नं-484228525431	श्री श्रीराम मौर्या	65/50 जी, गोविन्दपुर, इलाहाबाद, उ०प्र०।	संस्थापक / अध्यक्ष	संस्थापक
2.	रमेश चन्द्र मौर्य आई डी नं- आधारनं- 393275187148	श्री राम आरचय मौर्य	64/50 एफ इलाहाबाद, इलाहाबाद उ०प्र०।	उपाध्यक्ष	संस्थापक ट्रस्टी
3.	विभा मौर्या आई डी नं- आधारनं- 470223109235	रमेश चन्द्र मौर्य	145बी/12आई/2आ ई/1 कैलाशपुरी, गोविन्दपुर, तेलियरगंज, इलाहाबाद उ०प्र०-211004।	महामंत्री	संस्थापक ट्रस्टी

(1)

*[Handwritten Signature]*