

Photo not
Required
Managing
Partner'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

Managing Partner'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

OMEGA SMART SOLUTIONS LLP

First Name

Middle Name

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

OMEGA SMART SOLUTIONS LLP

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

12 15 2019

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	O M E G A S M A R T S O L U T I O N S L L P .																															
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																									
8 Address for Communication																																
						<input type="checkbox"/> Residence		<input checked="" type="checkbox"/> Office		(Please tick as applicable)																						
9 Telephone Number & Email ID details																																
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																														
10 Status of applicant																																
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 type="checkbox"/> Trusts		<input type="checkbox"/> Body of individuals		<input type="checkbox"/> Local Authority		<input type="checkbox"/> Artificial Juridical Persons		<input checked="" type="checkbox"/> Association of Persons																								
								<input checked="" type="checkbox"/> Limited Liability Partnership																								
11 Registration Number (for company, firms, LLPs etc.)																																
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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) <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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13 Source of Income																																
										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																								
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, <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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15 Documents submitted as Proof of Identity (POI), Proof of Address (POA) and Proof of Date of Birth (POB)																																
I/We have enclosed Incorporation Certificate (LLP) as proof of identity, Incorporation Certificate (LLP) as proof of address and as proof of date of birth.																																
16 I/we																																
Managing Partner's Name									Partner																							
do hereby declare that what is stated above is true to the best of my/our information and belief.																																
Place :		City / Town / District																														
Date :		1 5 1 2 2 0 1 9			← Ack Receipt Generated Date																											
										<div style="border: 1px solid red; padding: 5px; width: fit-content; margin: auto;"> Managing Partner's Stamp & Sign Required </div>																						

Guidelines for Limited Liability Partnership (LLP) PAN application

Document acceptable for LLP

1) Certificate of Registration issued by Registrar of Limited Liability Partnerships.

These related names belongs to LLP category

(Related name ending with LLP)

**Constructions LLP / Solutions LLP / Services LLP / Builders LLP /
Developers LLP / Securities LLP / Promoters LLP.**

Office address is field is mandatory for Firm, Trust, LLP, 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.

Category	Capacity Of Verifier
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 .



सत्यमेव जयते

GOVERNMENT OF INDIA

MINISTRY OF CORPORATE AFFAIRS

Registrar, Mumbai

Everest, 100 Marine Drive, Mumbai, Maharashtra, 400002, India

FORM 16

[Refer Section 12(1)(b) of the LLP Act, 2008]

CERTIFICATE OF INCORPORATION

LLP Identification Number: AAH-3758

It is hereby certified that NILKANTH ENTERPRISES LLP is incorporated pursuant to section 12(1) of the Limited Liability Partnership Act, 2008.

Given at Maharashtra this Twelfth day of September Two thousand sixteen.

Ministry of
Corporate Affairs
- Govt of India



Registrar, Mumbai

Note: The corresponding form has been approved by MAGESH RAMDAS JADHAV, Assistant Registrar of Companies and this certificate has been digitally signed by the Registrar through a system generated digital signature under rule 36(3)(ii) of the Limited Liability Partnership Rules, 2009.

The digitally signed certificate can be verified at the Ministry website (www.mca.gov.in).

Mailing Address as per record available in Registrar office:
NILKANTH ENTERPRISES LLP

Navi Mumbai, Mumbai City,
Maharashtra, 400703, India.



सत्यमेव जयते

GOVERNMENT OF INDIA

MINISTRY OF CORPORATE AFFAIRS

Registrar, Mumbai

Everest, 100 Marine Drive, Mumbai, Maharashtra, 400002, India

FORM 16

[Refer Section 12(1)(b) of the LLP Act, 2008]

CERTIFICATE OF INCORPORATION

LLP Identification Number: AAH-1971

It is hereby certified that NAYA PLAST & METAL WORKS LLP is incorporated pursuant to section 12(1) of the Limited Liability Partnership Act, 2008.

Given at Maharashtra this Twenty second day of August Two thousand sixteen.



Registrar, Mumbai

Note: The corresponding form has been approved by Naikwadi Parvez Fattulal, Assistant Director and this certificate has been digitally signed by the Registrar through a system generated digital signature under rule 36(3)(ii) of the Limited Liability Partnership Rules, 2009.

The digitally signed certificate can be verified at the Ministry website (www.mca.gov.in).

Mailing Address as per record available in Registrar office:
NAYA PLAST & METAL WORKS LLP

BHIWANDI, Thane,
Maharashtra, 421302, India.



सत्यमेव जयते

GOVERNMENT OF INDIA

MINISTRY OF CORPORATE AFFAIRS

Registrar,

Pune PMT Building, 3rd Floor Deccan Gymkhana, Pune, Maharashtra, 411004,

FORM 16

[Refer Section 12(1)(b) of the LLP Act, 2008]

CERTIFICATE OF INCORPORATION

LLP Identification Number: AAH-1323

It is hereby certified that PASAYDAAN INDUSTRIES LLP is incorporated pursuant to section 12(1) of the Limited Liability Partnership Act, 2008.

Given at Maharashtra this Eleventh day of August Two thousand sixteen.

Ministry of
Corporate Affairs
- Govt of India



Registrar, Pune

Note: The corresponding form has been approved by VIJAYA NAGORAO KHANDARE, Registrar of Companies and this certificate has been digitally signed by the Registrar through a system generated digital signature under rule 36(3)(ii) of the Limited Liability Partnership Rules, 2009.

The digitally signed certificate can be verified at the Ministry website (www.mca.gov.in).

Mailing Address as per record available in Registrar office:
PASAYDAAN INDUSTRIES LLP

PANDHARPUR, Solapur,
Maharashtra, 413304, India.



सत्यमेव जयते

GOVERNMENT OF INDIA

MINISTRY OF CORPORATE AFFAIRS

Registrar, Delhi

4th Floor, IFCI Tower 61, New Delhi, Delhi, 110019, India

FORM 16

[Refer Section 12(1)(b) of the LLP Act, 2008]

CERTIFICATE OF INCORPORATION

LLP Identification Number: AAG-2598

It is hereby certified that INDUS EDUCATIONAL SERVICES LLP is incorporated pursuant to section 12(1) of the Limited Liability Partnership Act, 2008.

Given at Delhi this Twenty ninth day of April Two thousand sixteen.



Registrar, Delhi

Note: The corresponding form has been approved by Prahlad Meena, Deputy Director (Insp.) and this certificate has been digitally signed by the Registrar through a system generated digital signature under rule 36(3)(ii) of the Limited Liability Partnership Rules, 2009.

The digitally signed certificate can be verified at the Ministry website (www.mca.gov.in).

Mailing Address as per record available in Registrar office:
INDUS EDUCATIONAL SERVICES LLP

New Delhi, South West Delhi,
Delhi, 110078, India.