	Only 'Individuals' to affixrecent photograph (3.5 cm x 2.5 cm)		the ca	<b>Se O</b>	ıke (s),	an C Uni <sub>pleas</sub>	Citiz inco e foll	zens orpc ow the	/Inc orat	ent dian ed e Se	of Co enti e Ru	Perr mpa ities ule 1	nai ani foi 14	es/E rme	t Acc Intiti d in l	es Ind	inco lia]	rpoi	rate			ia/					to a ph (3	Only dividu ffixre otogr 3.5 cr 2.5 cr	ials' iccent aph n x n)				
	,	Assessing officer (AO code)																			_												
				Area	a code				AO type				Range coo					4	40	No.	_												
Sign	/LeftThumbimpression across this photo							-																									
I/W	e hereby request the e give below necess Full Name (Full ex	sary partic	ulars:										ofot	fide	ntity	/da	ate of	birt	h/a	ddre	ss (					umb li	· ·		perm	nitted)			
	Please select title,	~				Shr		ſ		Smt				Kuma		Γ	м													ĺ			
	Last Name / Surnar	-	pileabi	0							İ		Γ			Г																	
	First Name	ne														t																	
																F																	
2	Middle Name Abbreviations of t	he above	namo	26.1		VOUL	d Iii	ke it	to	he •	h	ited	on	the	ΡΔΝ	<u>ر</u> ه	rd			1													
2				, as j	you v				, 10	ne i		lieu				ua			T	Т	Т		Т	Т		Т	Т						
							+		-	-	-	-						-	-		+	-	-	+		-	+	-	-	+			
										1																							
3	Have you ever been lf yes, please give that		-	y oth	ner na	er name?				Yes				N	0							(ple	ase	tick	as	s applicable)							
	Please select title,			e		Shri		Γ		Smt			٦	Kuma	ari		м	/s															
	Last Name / Surnar												T			Γ																	
	First Name	lie			-									+			+																
	Middle Name																																
4	Gender (for Individ	dual anni	icante	only	1		N	lale				ema			$\square$	Тг	anso	hond	or	<u> </u>		(nlo	260	tick		200	lica	ble)	<u> </u>				
5	Date of Birth/Inco					thor	_		Tru		_			atio	nof					اديية	or					•••							
	Day Month		Year		ur ar	liiei	3111		TTU.	31 0		<i>a</i> / 1 C		ano		00	uy o	i inu	IVIC	iuai	5 01	A33	UCIE	101			, on,	5					
6	Details of Parents	(applical	ble onl	y for	indiv	vidu	al a	ppli	can	ts)																							
	Whether mother is	a single p	arent a	nd yo	ou wi	sh to	o ap	ply f	or P	AN	by f	furnis	shir	ng th	e na	me	of yo	our n	noth	ner o	nly?												
	,	please tic		•	,																												
	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 / Surna	-	елсер					3 4 3	ing									)y 10			9							,					
	First Name				-									+			+																
	Middle Name												t	1		F																	
	Mother's Name (o	ptional ex	xcept v	vhere	e mo	ther	is a	a sin	gle	par	ent	and	PA	\N is	app	lie	d by	furr	nish	ing	the	nam	ie of	i mo	othe	r on	y)	•	·	I.			
	Last Name / Surna	me																															
	First Name																																
	Middle Name																																
	Select the name of Father's name		her or r Mothe			ich y		may <i>'Plea</i>			•				AN ca	ard	(Sele	ect o	ne	only)													
7	(In case no option i by furnishing name				card	will k	be is	ssue	d w	ith fa	athe	er's n	am	ie ex	cept	wh	nere r	noth	er i	sas	ingl	e pa	rent	and	yoı	wis	h to	app	ly fo	or PAN			
7	Address	_																															
	Residence Addres		n										Γ																				
	Name of Premises /				-			$\square$		$\vdash$	$\vdash$	+	┢	+	-	t	+	$\vdash$	$\vdash$	-	$\vdash$		$\vdash$		-			$\square$					
	Road / Street / Lan	-	-		-								t	+		1		+	$\vdash$														
	Area/Locality/Talu												t			t	1																
	Town / City / District								_						1			L	Ĺ		Ĺ	L					_						
	State / Union Territo						_		inc	nde	/ 71-	000 0	10			<u> </u>	ountry		me								_						
		л у								Jue	, <b>Z</b> IF		16		Т	00	Juniti	y i vidi	me									1					
														1																			

	Office Address																											
	Name of office																											
		_																						+	+			
	Flat / Room / Door / Block No.	-																		+					┝─┤			
	Name of Premises / Building / Village																			-				+	$\vdash$			
	Road / Street / Lane/Post Office																		_	_	-			<u> </u>	$ \vdash $			
	Area/Locality/Taluka/Sub-Division																							_				
	Town / City / District				<u> </u>		Ļ																					
	State / Union Territory				F	Pinco	ode /	/ Zip	coc	de			Co	untr	y Na	ame												
8	Address for Communication				ſ		Res	side	nce					C	offic	е			(F	leas	se ti	ck a	s ap	oplic	able	)		
9	Telephone Number & Email ID details																											
	Country code Area/STD C	ode				Т	elep	hon	e/N	Nobi	le nı	umb	er															
						Γ																						
	Email ID																			1								
10	Status of applicant																			_								
	Please select status,																			Г	_	<b>.</b>						
						1							1							L				nent				
	Individual Hindu undivid	ed fa	mily			Co	mpa	iny					Pa	rtnei	rship	o Fir	m					Asso	ocia	ion (	of Persons			
	Trusts Body of Indivi		Local Authority Artificial Jur									ridic	al P	erso	ons			Limited Liability Partners										
11	Registration Number (for company, fin	ms, I	LLPs	s et	c.)	-														_								
				Τ		Τ		Τ	Τ		Τ	Τ	Τ	Τ	Τ		Τ	Τ										
12	In case of a person, who is required to	o quo	ote A	adł	haar	nur	nbe	r or	the	Enr	olm	ent	ID o	f Aa	dha	ar a	appl	icat	ion	forn	n as	per	sec	tior	n 139	AA	<b>۱</b>	
	Please mention your AADHAAR number	íf al	lotte	d)																								
	If AADHAAR number is not allotted, plea				ne ei	nrolı	men	t ID	of A	adh	aar a	appl	icati	on f	orm													
	Name as per AADHAAR letter or card or	as p	er th	e E	nrolr	men	t ID	of A	adh	aar a	appl	icati	on f	orm														
13	Source of Income																			Plea	se	sele	ct,	$\overline{\mathbf{V}}$	as a	ppli	icable	
	Salary																		ſ		Ca	oital	L Gai	ns				
	Income from Business / Profession	Rus	sines	s/Pi	rofes	ssio		de				For C	Code	- R	əfer	inst	ructi	ons	, ŀ	_					ther s	our	res	
	Income from House property	Duc	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5/11		55101	1 000	uc			יון	01 0	Jour				uou		'	_		inco				Jour	000	
14	Representative Assessee (RA)																		L									
	Full name, address of the Representativ	e Ass	sesse	ee, \	who	is a	sses	sibl	e un	nder	the	Inco	me <sup>.</sup>	Тах	Act	in re	espe	ect o	f the	e per	son	, wh	ose	part	licula	ırs h	ave	
	been given in the column 1-13.			,													•			•				•				
	Full Name (Full expanded name : initiation in the second s	als a	re no	ot p	erm	itteo	d)																					
	Please select title, 🖌 as applicable		Shr	i	Γ		Smt			K	uma	ri		M/	s													
	Last Name / Surname									Γ																		
	First Name																							<u> </u>				
	Middle Name																							-				
1	Address		I		1		I			1						<u> </u>			1		I	I	L	I				
	Flat / Room / Door / Block No.				1															1								
	Name of Premises / Building / Village	-			+	-		-	-	+	-					-			+	-	+	$\vdash$		$\vdash$	$\vdash$	_		
	Road / Street / Lane/Post Office	-		-	+	-	-	-	-	-	-	-	-	-	-	$\vdash$	-	-	+-	-	$\vdash$	-	$\vdash$	-	$\vdash$	_		
	Area / Locality / Taluka/ Sub- Division				-	-		-	-	-	-	-		-		-		-	-	-	-	-	-		$\vdash$	_		
		-				-		-			-					-			-		-	-	-	+	$\left  - \right $	_		
	Town / City / District State / Union Territory					Pinco																						
15	Documents submitted as Proof of Ide	ntity		I) P	Proc	f of	۸dd	Iroc	= /P		and		of.	of P	ato	of F	lirth	(P/	יםו									
15	I/We have enclosed	mary	(FU	ı, <b>r</b>	100	01	_			of id		-	501 (	ם וס	ale		mul	170	(0,					1				
	as proof of address and						_ a	- PI		is pr		- L	ate o	f bir	th.									1				
	[Please refer to the instructions (as specifi	ed in l	Rule	114	of I.	T.Ru	ules.	196		•						ed do	ocun	nent	sto	besi	ubm	itted	asa	appli	cable	)		
	[Annexure A, Annexure B & Annexure C											_			_	-		-			-	_	-		-	-		
16	I/We						the a					-	-															
	do hereby declare that what is stated ab	ove is	s true	e to	the	best	t of r	ny/o	ur ir	nforr	natio	on a	nd b	elief														
	Place :					٦																						
1												Signature / Left Thumb Impression of																
	DDMMYYYY Date :														Signature / Left Thumb Impression of Applicant (inside the box)													

Note: As per provisions of Section 272B of the Income Tax Act., 1961, a penalty of `10,000 can be levied on possession of more than one PAN.