| Application Number: A084185964 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ∥ ∭ | | nt Reference: 3328170320743213 / PY011721570 | | | | | | | | | | | | | | o iliwaru Number Bar | | | | | | | | | , | | | | | | |
| A084185964 Payment Date: 24/11/2023 Rs.107.00/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Application Source: EWALLET - A - CSC E GOVERNANCE SERVICES INDIA LIMITED Application Date: 24/11/202 | | | | | | | | | | | | | | 202 | 3 | | | | | | | | | | | | | | | | |
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| PAN CARD MODE : Both physical PAN and e-PAN Card Application Mode : Physical Application | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | Application for Allotment of Permanent Account Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | I/We hereby reques | | | | ent Acc | ount | Nur | nbe | r be | allo | ottec | to i | ne/u | IS. | | | | | | | | | | | | | | | | | |
| I/We give below necessary particulars: | | | | | | | | | | | | | | | . [| | | -0.5 | 10000 | | 7 | COLUMN | npres | | | | | | | | |
| 1 | Full Name (Full ex | | | | Г | \neg | | | s ap | | | | pro | 7 | | | y/ac | | | loci | ımeı | nts: | init | iais | are | not | pe | rmiti | led) | | |
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| | Last Name / Surnar | me | | | ļ | - | \rightarrow | М | _ | R | | | | 8 - 1 | _ | | | | | | | | | _ | | | | | | | |
| | First Name | | | | | S | U | В | Н | Α | S | Н | | | | | | | | | | | | | | | | | | | |
| | Middle Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Abbreviations of t | | . 1 | | 7 | | | | e it | , to | be r | orint | ted o | on ti | ne P | AN | car | d | 170 | _ | | - | | _ | - | | | - | | | |
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| 3 | Have you ever been known by any other name? Yes V No (please tick as applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | If yes, please give that other name Please select title, ✓ as applicable Shri Smt. Kumari M/s | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | Last Name / Surnar | me | | | Ĺ | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | Middle Name | | | | | | | | | | | | | | | | | | | | | | | | | | <u></u> | | Ш | | |
| 4 | Gender (for Indivi | dual ap | plic | ants | only) | | | | | ~ | Ma | ile | | | Fe | mal | е | | | Tran | nsge | nde | r | (ple | ase | tick | as | арр | lical | ble) | |
| 5 | Date of Birth/Inco | rporatio | on/A | gree | ment/l | artı | ners | ship | or | Tru | st D | eed | 1 | | | | | Day | | | /lonth | - | | | Year | _ | | | | | |
| | Formation of Bod | 70 | | | | | | | | | | | | | | | (|) , | 1 | |) 3 | | | | 9 9 | 9 : | 3 | | | | |
| 6 | Details of Parents of Whether mother is a | | | | | | | | | | | furn | ishin | ıa th | e na | me | of vo | our r | noth | er o | nlv? | Yes | | l No | · • | ٦ _{(c} | leas | se tic | k as | app | licable) |
| | If yes, please fill in n | nother's | nam | ne in t | the app | ropr | iate | spa | ice p | orov | ided | bel | OW. | | | | | | | | | | _ | | _ | | | | | - 1- 1- | , |
| | Fathers's Name (M | | ry e | xcept | | | | - | a si A | | pa | rent | and | PAI | V is | арр | lied | by f | furni | shir | ng th | e na | me | of n | noth | er c | only |) | | | |
| | Last Name / Surnar | me | | | F | M R | A | \rightarrow | A | IN | | | | | | | | | | į. | | _ | | | | | | | \vdash | = | |
| | First Name Middle Name | | | | L | <u> </u> | ^ | IVI | _ | | _ | | H | | _ | | <u> </u> | - | | _ | | - | _ | _ | | _ | H | - | H | = | |
| | Mothers's Name (| optiona | ıl ex | cept | where | mot | ther | is a | a si | ngle | pai | ent | and | PA | N is | apr | oliec | l by | furr | nishi | ing t | he r | nam | e of | mo | the | r on | ly) | ш | | |
| | Last Name / Surnar | - | | • | Γ | | | | | | | | | | | | | | | | | | | | | | | Ĺ | | | |
| | First Name | | | | Ī | | | | | | | | | 77 | | | | | | | | | | | | | | | | | |
| | Middle Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Select the name of | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (In case no option i | | | | | | | | | | | | 's na | ř. | | • | | | | | | - | | ent a | and | you | WIS | n to | appı | y for | |
| 7 | PAN by furnishing Address | name o | יו נוופ | HIOU | nei oni | y) [| <u> </u> | Fa | the | 's n | ame |) | Ļ., | Мо | ther | 's N | lame | 9 (| Please | e tick | as app | licab | le) | | | | | | | | |
| | Residence Addres | | i.e. | | ſ | Α | Z | Α | D | | N | Α | G | Α | R | | В | Α | Н | Α | D | U | R | | K | | R | 0 | Α | D | |
| | Flat / Room / Door / Name of Premises / | | | llane | Ī | G | U | R | U | | K | | R | Р | Α | | М | 0 | В | | L | E | | S | Н | 0 | Р | | | | |
| | Road / Street / Lane | 경영하다 경영영화 | 3930 | 90 | | N | ΕĪ | Α | R | | G | U | R | U | | D | W | Α | R | Α | | S | Α | Н | I | В | | | | | |
| | Area / Locality / Talu | ıka/ Sub | - Div | ision | Ĺ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Town / City / District | | | | | L | U | D | | | | N | | | | | | | | | | | | | | | - 5 | | Ш | | |
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| | Name of office | | | | 8 | | | | | | | | | | | | | | | | 0 00 | | | | | | | | | | |
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| | Name of Premises / | Building | g / Vi | illage | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Road / Street / Lane | /Post O | ffice | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | Area / Locali | ty / Taluka/ Sub- Division | | | | | | | | | | | | | | | | | | | | | | | | 5.0 | | | |
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| | NESSON TO THE SECTION OF | | | 59 30 | 70,000 | 3.7 | | | | - | - | | | | - 70 | | 7// | 70000 1 | r. 517 | | - 100 | 720 | W. 20 | 0.0 | _ | | | | |
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| | Email ID surajtelecom2015@gmail.com | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | 10 Status of applicant | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Please select status, 🗸 as applicable | | | | | | | | | | | | | | | | | | | | Government | | | | | | | | |
| | Individual Hindu undivided family Compa | | | | | | | | | Partnership Firm | | | | | | | | | | Association of Persons | | | | | | | | | |
| | | | | | | | | | | | | | | = | | | | | | | W B SOCIAL SECURITION STATES OF STATES | | | | | | | | |
| | Trusts Body of Individuals Local A | | | | | | | | | | I Authority | | | | Artif | icial . | Jurio | dical F | ersor | ıs | Limited Liability Partnership | | | | | | | | |
| 11 | Registratio | n Number (for compa | ny, fi | rms, L | LPs | etc | .) | | | | 100 | | | | | 414 | | | - | | | | | | | | | | |
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| 12 | In Case of a | person, who is requi | red to | o quot | e Aa | idha | ar n | um | ber/1 | Γhe | En | rolm | en | t ID c | of A | adha | ar a | pplic | ation | for | m as | per s | ectio | on 13 | 39A | A | | | |
| | Please ment | tion your AADHAAR nur | mber | (if allo | tted) | 4 | 8 | 8 | 3 | П | 8 | 0 | 0 | 3 | 6 | 5 | 4 | 7 | | | | | | | | | | | |
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| 13 Source of Income Please select, ✓ as applicable | | | | | | | | | | | | ble | | | | | | | | | | | | | | | | | |
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| 14 | Income from Business / Profession Business/Profession code For Code: Refer instructions Income from Other sources | | | | | | | | | | | | s | | | | | | | | | | | | | | | | |
| 14 | 14 Representative Assessee (RA) Full name, address of the Representative Assessee, who is assessible under the Income Tax Act in respect of the person, whose particulars have | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | been given | in the column 1-13. | | | | | | | | | | | | | | | | 150 | | | | | | 70 | | | | | |
| | Full Name (Full expanded name : initials are not permitted) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please select title, ✓ as applicable Shri Smt. | | | | | | | | | | | Kun | na | ri | | M/s | | | | | | | | | | | | | | |
| | Last Name | / Surname | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | First Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Middle Nam | ne | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Flat / Room | / Door / Block No. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Name of Pro | emises / Building / Villa | ge | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Road / Stree | et / Lane/Post Office | | | | | | | - | | | | | | | | | | | | | | | | | | | | |
| | Area / Loca | lity / Taluka/ Sub- Divisi | on | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Town / City | / District | | | | T | T | | | Ì | | | | | T | T | | | | | | | Ī | | | | | | |
| | State / Unio | n Territory | | | | | | | | - | | | | | | | Ť | | Ħ | | | 1 | Pir | ncode | —— е | | | | |
| 15 | Documents | submitted as Proof of | f Ider | ntity (F | POI), | Pro | of o | f A | ddre | ss | (PO | A) ar | nd | Proo | f of | Date | of | Birth | (DOE | 3) | | | | | | | | | |
| | | AADUA | <u> </u> | 2 - n al : | | | L | | | | | | | [A | <u> </u> | | <u> </u> | O | | | ابنما | шъ | \ I | Í | | | | | |
| | I/We have e | | | | | | | | | 20 | of o | f ider | ntit | ty, A | ΑŲ | ПАА | \K | Card | ISSU | iea | руι | אטוע | ₹I | | | | | | |
| | as proof of | address and AADHA | ΑR | Card | iss | ued | by | UI | DAI | - 9 | as | proc | of c | of dat | e of | birth | • | | | | | | | | | | | | |
| | [Please refe | er to the instructions (as | spec | cified in | n Ru | le 11 | 14 of | I,T | Rul | es, | 196 | 2) fo | r li | ist of | mar | ndato | ry c | ertified | docu | ıme | nts to | be s | subm | itted | as a | applica | able] | | |
| | [Annexure A | , Annexure B & Annexure | e C a | re to be | e use | ed wh | nere | /er | applic | cab | le] | | | | | | | | | | | | | | | | | | |
| 16 | I/We SUB | HASH KUMAR | | | | | | . t | he a | opli | icant | t, in t | he | capa | city | of F | ΗM | ISEL | F/HE | RS | SELF | = | | | | | | | |
| | do hereby declare that what is stated above is true to the best of | | | | | | | | | | | he applicant, in the capacity of HIMSELF/HERSELF | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | a. (U) | | | on all | - 50 | | | | | | | | | | | | 7 | | |
| | Place : | LUDHIANA | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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