



Application Number: U-Q016464183

Payment Reference: 4288004527353032 / PY014190831

Payment Date: 14/10/2024 00:45:24

Inward Number Bar Code

User ID: 553512550011

Amount:

Rs.:107.00/-

Application Date: 14/10/2024

User Name: 553512550011

Application Source: EWALLET - A - CSC E GOVERNANCE SER

PAN Card Mode: Both physical PAN and e-PAN Card

Application Mode: Physical Application

## Request For New PAN Card Or/ And Changes Or Correction in PAN Data

Only 'Individuals' to affix recent photograph (3.5 cm × 2.5 cm)

Only 'Individuals' to affix recent photograph (3.5 cm × 2.5 cm)

## Permanent Account Number (PAN)

C I F P N 3 6 0 6 N

Please read Instructions 'h' &amp; 'i' for selecting boxes on left margin of this form.

Signature/Left thumb impression across this photo

- ☒
- 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

Signature/Left thumb impression

Last Name / Surname

N A I K

First Name

B H U K Y A

Middle Name

S H I V A S H A N K A R

Name you would like it printed on the PAN card

B H U K Y A S H I V A S H A N K A R N A I K

- ☒
- 2 Details of Parents (applicable only for individual applicants),
- 
- Father's Name : (Mandatory, Even married women should fill in father's name only)

Last Name / Surname

E A R Y A

First Name

B H U K Y A

Middle Name

Mother's Name (optional)

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)

(In case no option is provided then PAN card will be Issued with father's name)

☒ Father's name☐ Mother's Name

(Please tick as applicable)

- ☐
- 3 Date of Birth/Incorporation/Agreement/Partnership/Trust Deed/Formation of Body of individuals or Association of Persons

Day  
2 6Month  
0 2Year  
2 0 0 2

- ☐
- 4 Gender (for 'Individual' applicant only)

☒ Male☐ Female☐ Transgender (Please tick as applicable)

- ☒
- 5 Photo Mismatch

- ☒
- 6 Signature Mismatch

- ☒
- 7 Address for Communication

- ☒
- Residence

☐ Office

(Please tick as applicable)

Name of Office (to be filled only in case of office address)

Flat/Room/ Door / Block No.

3 - 1 8 / 1

Name of Premises/ Building/Village

K O M M U G U D E M

Road/Street/ Lane/Post Office

J U L U R U P A D M A N D A L

Area / Locality / Taluka / Sub- Division

K O M M U G U D E M

Town / City / District

B H A D R A D R I K O T H A G U D E M

State / Union Territory

TELANGANA

Pincode / Zip code

5 0 7 1 6 6

Country Name

INDIA

- ☐
- 8 If you desire to update your other address also, give required details in additional sheet.

- ☒
- 9 Telephone Number & Email ID details

Country code

9 1

Area/STD/Code

Telephone / Mobile number

8 4 9 8 0 4 2 6 0 8

Email ID

userinfosunilkumar@gmail.com

- ☐
- 10 AADHAAR number (if allotted)

Name as per AADHAAR letter/card

4 3 7 5 6 6 3 6 9 5 8 6

B H U K Y A S H I V A S H A N K A R N A I K

- ☒
- 11 Mention other Permanent Account Numbers (PANs) inadvertently allotted to you

PAN 1 C I F P N 3 6 0 6 N

PAN 2

PAN 3

PAN 4