प्रिय संचालक डिजिटल इंडिया पोर्टल में आपका स्वागत है इस पीडीएफ में हम आपको 18 वर्ष से कम उम्र के पैन कार्ड का फार्म भरने के बारे में बताएंगे

- 1. 18 वर्ष से कम उम्र के पैन कार्ड में फॉर्म पर फोटो बच्चे का लगता है जबकि हस्ताक्षर माता पिता या अभिभावक के होते हैं और जिसके आप हस्ताक्षर करा रहे हैं बच्चे के आधार कार्ड के साथ उसका आधार कार्ड भी अपलोड करना होता है
- 2. पैन कार्ड का फॉर्म हमेशा ब्लैक पेन से भरे और हस्ताक्षर भी ब्लैक पेन से ही कराएं
- 3. 18 वर्ष से कम उम्र के पैन कार्ड में बैक फॉर्म पर पॉइंट नंबर 14 Representative Assessee (RA) में माता-पिता या अभिभावक में से जिसके आप हस्ताक्षर करा रहे हैं उसके आधार कार्ड की डिटेल भरनी होती है जिसके सैंपल स्क्रीनशॉट हम नीचे पीडीएफ में दें रहे हैं
- 4. फॉर्म को हमेशा साफ सुथरा और पूरा भरे
- 5. आवेदक से साफ सूथरा और प्लेन बैकग्राउंड का ही फोटो ले और फार्म की प्रिंटर से स्कैनिंग साफ और अच्छी क्वालिटी में ही करे
- 6. फार्म पर वही डिटेल भरे जो आवेदक के आधार कार्ड पर हैं अन्यथा आपका पैन कार्ड होल्ड पर लग सकता है
- 7. आवेदक के हस्ताक्षर बॉक्स के बाहर ना हो और फोटो पर स्टेपलर की पिन ना लगी हुई हो

NOTE :- पेन कार्ड का पूरा सैम्पल फॉर्म सबसे नीचे दिया गया है

18 वर्ष से कम उम्र के पैन कार्ड में नीचे दिए गए कॉलम नंबर 16 में जिसके आप हस्ताक्षर करा रहे हैं उसका नाम और आगे RA लिखना होता है जैसा नीचे दिया गया है आपको बता दें माइनर पेन कार्ड में RA उसको कहा जाता है जिसके आप बच्चे के आधार कार्ड के साथ आधार कार्ड लगा रहे हैं और हस्ताक्षर करा रहे हैं

| Documen | ts submitted as Proof of Identity (PC | l), Proof of Address (POA) and F | Proof of Date of Birth (POB) | Ÿ |
|--------------------|---|--|---|------------------|
| I/We have | enclosed यहा पर id adress pro | ff का नाम शिखना है as pro | of of identity, जो आप लगा रहे हो | |
| | address and | in a construction of the c | date of birth. | |
| | | | nandatory certified documents to be submitt | ed as applicable |
| ō. | | 10 (8 | | |
| [Annexure | A, Annexure B & Annexure C are to be a | ised wherever applicable] | | Ų |
| [Annexure | A, Annexure B & Annexure C are to be o | ised wherever applicable] Minor पेन कार्ड | acity of | ĭ |
| ı/Wel | A, Annexure B & Annexure C are to be of the declare that what is stated above is true | Minor पेन कार्ड | acity of | |
| I/We do hereby | | Minor पेन कार्ड | | |
| ı/We | | Minor पेन कार्ड e to th में माता पिता या | | |

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.

18 वर्ष से कम उम्र के पैन कार्ड में हस्ताक्षर माता पिता या अभिभावक के कराने होते हैं जबिक फोटो बच्चे का ही लगता है जैसा नीचे दिखाया गया है

| | | य | हा पर आवेदव | ਨ (बच्चे) | | |
|---|---|---|---|------------------------------------|----------------------|---|
| Only 'Individuals' to affix recent photograph (3.5 cm x 2.5 cm) | | ication io ndian Citizens/ यहा पर अन्त | के दोनों फोटो Indian Companies/Enti वो ao code व गड़न फॉर्म मे | लगाए ties incorpora भरे जो 3 | गाप | Only 'Individuals' to affix recent photograph (3.5 cm x 2.5 cm) |
| | Area code | A@ type | Range code | AO No. | | |
| Sign / Left Thumb impression across this photo | | | | |] | |
| 20 | | | पिता या अभिभाव | क के | | |
| Sir, | हस्ताक्ष | ार बॉक्स व | के अंदर कराने है | | | |
| I/We hereby request that I/We give below necessary | it a permanent account nu ary particulars: | imber be allotted | I to me/us. | | Signature / Left Thu | mb Impression |
| 1 Full Name (Ful | ll expanded name to be r | nentioned as ap | pearing in proof of ide | ntity/date of b | यहा पर कस्टम | ार का नाम |
| Please select ti | itle, as applicable | Shri | Smt. Kuma | ari M/s | फिल करना है | |
| Last Name / Su | 50 L | | | | | |
| First Name | | | | | नाम सिंगल न | |
| Middle Name | | | | | वह last name | वाले कॉलम |
| 2 Abbreviations | of the above name, as y | ou would like i | , to be printed on the F | AN card | मे फिल | होगा |
| | | | | | | |

18 वर्ष से कम उम्र के पैन कार्ड में नीचे दिया गया कॉलम नंबर 14 अवश्य भरना होता है

| income non riouse property | | | | | accompany to the second |
|---|-----------------|-----------------|--|------------------|--|
| 14 Representative Assessee (RA) | | | | | |
| Full name, address of the Representative been given in the column 1-13. | Assessee, wh | o is assessible | under the Incor | me Tax Act in re | espect of the person, whose particulars have |
| Full Name (Full expanded name : initia | ls are not perr | nitted) | | | |
| Please select title, as applicable | Shri | Smt. | Kumari | M/s | 40 -4 |
| Last Name / Surname | | III | TIII | | 18 वर्ष से कम उम |
| First Name | | | | | के पेन कार्ड मे यहा |
| Middle Name | | | | | |
| Address← | | | | | पर अभिभावक की |
| Flat / Room / Door / Block No. | | | | | डेटेल फिल करनी |
| Name of Premises / Building / Village | | | | | A CONTRACTOR OF THE PROPERTY OF THE PARTY OF |
| Road / Street / Lane/Post Office | 3 | S 74 S | (C) (S) (S) (C) (S) (S) (S) (S) (S) (S) (S) (S) (S) (S | | जो उनकी आधार |
| Area / Locality / Taluka/ Sub- Division | | | | | कार्ड मे है |
| Town / City / District | | | | | काइ न र |
| State / Union Territory | | Pincode C | | 1 1 1 1 | |
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| Sir, | | हस्ताक्ष | तर बॉव | न्स वे | ने अंद | र कर | ाने है | | | | | _ | | | | | | | |
| I/We he | reby request tha | at a permanent account nu | ımber be a | allotted | I to me/u | JS. | | | | | | | Ciana | ture / Lo | oft Thu | ımh Im | oroooi | | |
| I/We giv | e below necess | , | | | | | | | | | | | | | | | | | |
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| 2 | Have yet a | hoon known by any set | or new-0 | | | ne. | | • | | | | | (nl- | 200 4 | ok - | | Nie- | hla\ | |
| 3 | If yes, please give | been known by any oth that other name | er name? | | Y | es | N | U | | | | | (bie | ase ti | ck a | s app | ліса | uie) | |
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| | Last Name / Su | rname | | | | | T | | | | | | | | | | | | |
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| | Middle Name | | | | | | | | | | | | | | | | | | |
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| 4 | Gender (for In- | dividual applicants only | ·) | Male | • | Fem | ale | Tr | ansge | nder | | | (ple | ase ti | ick a | s app | olica | ble) | _ |
| 5 | · | dividual applicants only ncorporation/Agreemen | | | | | | | | | duals | | | | | | | - | |
| 5 | Date of Birth/li | | | | | | ormation | of Boo | dy of i | ndivi | | or A | Asso | ciatio | on of | Per | sons | - | |
| 5 | Date of Birth/li | ncorporation/Agreemen | | | | | ormation | | dy of in | _{ndivid} | -ਟਰ | or / नर | Asso | ciatio | on of | Per | sons | - | |
| 5 | Date of Birth/li Day Mo Details of Pare | ncorporation/Agreemen onth Year ents (applicable only for | t/Partners | hip or | Trust D | Deed/ Fo | ormation | of Boo | dy of in पर b | ^{ndivio} कर irth | -ਟ ਾ ਹੈ ਪਿ | or / नर Þल | Asso F | ciatio | on of | Per | sons | - | |
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| | Office Address | | | - 66. | <u> </u> |
|----|---|--|---|---|--|
| | Name of office | | | | केवल trust firm llp |
| | Flat / Room / Door / Block No. | | | aop में फिल | करना होता है - |
| | Name of Premises / Building / Village | | | | ard मे ये address |
| | Road / Street / Lane/Post Office | | | • | |
| | Area / Locality / Taluka/ Sub- Division | | | गा। नहा क | ज्रना होता है |
| | Town / City / District | | | | |
| | State / Union Territory | Pin | code / Zip code | Country Name | |
| | | | | | |
| 8 | Address for Communication | | Residence | Office | (Please tick as applicable) |
| 9 | Telephone Number & Email ID details | | | | |
| | Country code Area/STD Cod | le | Telephone / Mobile nu | umber | THE THE WARRIES |
| | | | | | यहा पर mobile |
| | Email ID | | | | no लिखे |
| 10 | Status of applicant | | आप ि | जेस category का पे | न कार्ड |
| | Please select status, 🗸 as applicable | | बना | रहे हो उस पर टिक | न करे |
| | | | | | Government |
| | Individual Hindu undivided | family C | ompany | Partnership Firm | Association of Persons |
| | Trusts Body of Individua | als L | ocal Authority | Artificial Juridical Pers | sons Limited Liability Partnership |
| 11 | Registration Number (for company, firms | s, LLPs etc.) | | | |
| | | | | | |
| 12 | ! In case of a person, who is required to q | nuote Aadhaar ni | umber or the Enrolm | ent ID of Aadhaar annlic | ation form as per section 130 AA |
| 12 | Please mention your AADHAAR number (if | | inber of the Lindin | A Land Addition applies | यहा पर कस्टमर |
| | If AADHAAR number is not allotted, please | · | Iment ID of Aadhaar s | application for | |
| | II AADI IAAK Humber is not allotted, please | mention the emo | Illent ID of Addition of | application form | का आधार नंबर |
| | Name as per AADHAAP letter or card or as | nor the Enrelme | nt ID of Andhaar appli | ication form | फिल करे |
| | Name as per AADHAAR letter or card or as | | | lication form | ापाल पार |
| | | | | | |
| | - | - - - - - - - - - | | | |
| | L | | | | |
| 13 | Source of Income | | | | Please select, ✓ as applicable |
| | Salary | | | | Capital Gains |
| | Income from Business / Profession E | Business/Professi | on code [F | or Code: Refer instruction | s] Income from Other sources |
| | Income from House property | | | | No income |
| 14 | Representative Assessee (RA) | | | | |
| | Full name, address of the Representative A | Assessee, who is | assessible 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 permitte | ed) | | |
| | Please select title, as applicable | Shri | Smt. Kuma | ri M/s | ~ ~ ~ ~ ~ |
| | Last Name / Surname | | | | 8 वर्ष से कम उम्र |
| | First Name | | | 1 | पेन कार्ड मे यहा |
| | Middle Name | | | | |
| | Address ← | | | T | ार अभिभावक की |
| 1 | | | | | |
| | Flat / Room / Door / Block No | | | | <u> </u> |
| | Flat / Room / Door / Block No. | | | | डेटेल फिल करनी |
| | Name of Premises / Building / Village | | | | |
| | Name of Premises / Building / Village Road / Street / Lane/Post Office | | | | जो उनकी आधार |
| | Name of Premises / Building / Village | | | | जो उनकी आधार |
| | Name of Premises / Building / Village Road / Street / Lane/Post Office | | | | |
| | Name of Premises / Building / Village Road / Street / Lane/Post Office Area / Locality / Taluka/ Sub- Division | Pine | code | | जो उनकी आधार |
| | Name of Premises / Building / Village Road / Street / Lane/Post Office Area / Locality / Taluka/ Sub- Division Town / City / District | Pine | code | | जो उनकी आधार |
| 15 | Name of Premises / Building / Village Road / Street / Lane/Post Office Area / Locality / Taluka/ Sub- Division Town / City / District | | | | जो उनकी आधार कार्ड मे है |
| 15 | Name of Premises / Building / Village Road / Street / Lane/Post Office Area / Locality / Taluka/ Sub- Division Town / City / District State / Union Territory | ity (POI), Proof o | f Address (POA) and | | जो उनकी आधार कार्ड मे है |
| 15 | Name of Premises / Building / Village Road / Street / Lane/Post Office Area / Locality / Taluka/ Sub- Division Town / City / District State / Union Territory Documents submitted as Proof of Identification | ity (POI), Proof o | f Address (POA) and लिखना है as p | Proof of Date of Birth (P | जो उनकी आधार कार्ड मे है |
| 15 | Name of Premises / Building / Village Road / Street / Lane/Post Office Area / Locality / Taluka/ Sub- Division Town / City / District State / Union Territory Documents submitted as Proof of Identification I/We have enclosed | ity (POI), Proof o s proff का नाम | f Address (POA) and मिखना है as p | Proof of Date of Birth (Proof of identity, जो आप व | जो उनकी आधार कार्ड मे है |
| 15 | Name of Premises / Building / Village Road / Street / Lane/Post Office Area / Locality / Taluka/ Sub- Division Town / City / District State / Union Territory Documents submitted as Proof of Identification I/We have enclosed as proof of address and | ity (POI), Proof o s proff का नाम in Rule 114 of I.T. | f Address (POA) and किखना है as p as proof o Rules, 1962) for list of er applicablel | Proof of Date of Birth (Proof of identity, जो आप व | जो उनकी आधार कार्ड मे है |
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