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| PAN Card Mode: Application Mode: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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) | | | | | | | Downward Assessed Name Law (DAN) | | | | | | | | | | | | | | Only 'Individuals' to affi recent photograph (3.5 cm × 2.5 cm) | | | | | | | | | | | |
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| Please read Instructions 'h' & 'i' for sele | | | | | | | | | | elec | tino | a bo | 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) | | | | | | | 1 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please select title, | \checkmark | as applicable | | | _ | S | | hri | | Sı | | mt | | Kumar | | ri | - | | M/s [| | ᅩ | | | | Signature/Left | | | thumb impression | | | _ | |
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| Middle Name Name you would | like it r | orin | nted | on th | e P | AN | car | d | | | - | 6 | _ | | | | | | 10 | | 40 | _ | , | 1 | | | _ | | | | | |
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| 2 Details of Parents (applicable only for individual applicants), Father's Name: (Mandatory, Even married women should fill in father's name only) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Mother's Na | | | onal) | | | | | _ | _ | Т | _ | Т | _ | _ | | _ | | Т | | _ | 1 | Т | | Т | _ | Т | Т | T | | $\overline{}$ | | |
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| 3 Date of Birth/l | 3 Date of Birth/Incorporation/Agreement/Partnership/Trust Deed/ Formation of Body of individuals or Association of Persons | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 Gender (for 'Individual' applicant only) | | | | | | | | | | | | | | | | | | | le) 5 Photo M | | | | | | Mismatch | | | | | | | |
| 6 Signature Mismatch 7 Addres | | | | | | | | | | | | | | | | | Off | ice | | | (Plea | ease tick as applicable) | | | | | | | | | | |
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| 8 If you desire to update your other address also, give required details In additional sheet. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 Telephone Number & Email ID details Country code Area/STD/Code Telephone / Mobile number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 10 AADHAAR number (if allotted) Name as per AADHAAR letter/card | | | | | | | | | + | + | 4 | _ | Ļ | | 1 | | | | | 1 | _ | T | _ | | _ | | | | | _ | | _ |
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| 11 Mention other | Porma | ano | nt A | ccon | nt N | Jum | ber | s /P | ΔΝο |) in | advo | rto | nthe | alle | otto | d to | | | | | | | | | | | | | | | - 6 | |
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| 12 Verification , the applican | t, in the capacity of |
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