

येथे कृपन नंबर लिहावा [X Y Z]

[In the case of Indian Citizens/Indian Companies/Entities incorporated in India/
Unincorporated entities formed in India]

See Rule 114

To avoid mistake (s), please follow the accompanying instructions and examples before filling up the form

Assessing officer (AO code)

Area code	AO type	Range code	AO No.
X Y Z	X	X X	X

Signature/Left thumb impression
across this photo

Signature/Left Thumb Impression

Sir, I/We hereby request that a permanent account number be allotted to me/us.
I/We give below necessary particulars:

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

Last Name / Surname

PATIL

First Name

NITA

Middle Name

RAJESH

2 Abbreviations of the above name, as you would like it, to be printed on the PAN card

NITA RAJESH PATIL

3 Have you ever been known by any other name?

☐ Yes

☒ No

(please tick as applicable)

If yes, please give that other name

Please select title, ☒ as applicable

☐ Shri ☐ Smt. ☐ Kumari ☐ M/s

Last Name / Surname

First Name

Middle Name

4 Gender (for Individual applicants only)

☐ Male

☒ Female

(please tick as applicable)

5 Date of Birth/Incorporation/Agreement/Partnership or Trust Deed/ Formation of Body of individuals or association of Persons

Day

Month

Year

07

12

1998

6 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

PATIL

First Name

RAJESH

Middle Name

RAM

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)

7 Address

Residence Address

Flat / Room / Door / Block No.

R N O S I G

Name of Premises / Building / Village

RAM NAGAR

Road / Street / Lane/Post Office

MAHATMA ROAD

Area / Locality / Taluka/ Sub- Division

PUNE

Town / City / District

PUNE

State / Union Territory

Pincode / Zip code

Country Name

MAHARASHTRA

4 1 1 0 3 8

INDIA

Office Address

Name of office

Flat / Room / Door / Block No.

Name of Premises / Building / Village

Road / Street / Lane/Post Office

Area / Locality / Taluka/ Sub- Division

Town / City / District

9 Telephone Number & Email ID details

Country code

Area/STD Code

Telephone / Mobile number

091

7788995544

Email ID

10 Status of applicant

Please select status, ☒ as applicable☒ Individual☐ Hindu undivided family☐ Company☐ Partnership Firm☐ Government☐ Association of Persons☐ Trusts☐ Body of Individuals☐ Local Authority☐ Artificial Juridical Persons☐ Limited Liability Partnership

11 Registration Number (for company, firms, LLPs etc.)

12 In Case of a person, who is required to quote Aadhaar number/The Enrolment ID of Aadhaar application form as per section 139AA

Please mention your AADHAAR number (if allotted)

— filled adharcard no

If AADHAAR number is not allotted, please mention the enrolment ID of Aadhaar application form

123456789101

Name as per AADHAAR letter/card or as per the Enrolment ID of Aadhaar application form

13 Source of Income

☐ Salary☐ Income from Business / Profession

Business/Profession code

[For Code: Refer instructions]

☐ Income from House propertyPlease select, ☒ as applicable☐ Capital Gains☐ Income from Other sources☒ No income

14 Representative Assessee (RA)

Full name, address of the Representative Assessee, who is assessable 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 permitted)

Please select title, ☒ as applicable☐ Shri☐ Smt.☐ Kumari☐ M/s

Last Name / Surname

First Name

Middle Name

Address

Flat / Room / Door / Block No.

Name of Premises / Building / Village

Road / Street / Lane/Post Office

Area / Locality / Taluka / Sub- Division

Town / City / District

State / Union Territory

15 Documents submitted as Proof of Identity (POI), Proof of Address (POA)

I/We have enclosed

Aadhar

as proof of address and

adharcard

[Please refer to the instructions (as specified in Rule 114 of I.T. Rules, 1962) for list of mandatory documents to be submitted as applicable]
[Annexure A, Annexure B & Annexure C are to be used wherever applicable]16 I/We Nita Rajesh Patil, the applicant, in the capacity of herself

do hereby declare that what is stated above is true to the best of my/our information and belief.

Place :

Pune

Date :

D D M M Y Y Y Y
07 06 2017

निम्नलिखित पत्र मैं ये पद भरता जा रहा हूँ।

Sr No	Category	Capacity of Verifier
1.	Individual	Himself/Herself
2.	Hindu Undivided Family	Karta
3.	Company	Director
4.	Partnership firm	Partner
5.	Limited liability partnership	Partner
6.	Government	Authorised signatory
7.	Association of person	Authorised signatory
8.	Body of individual	Authorised signatory
9.	Local authority	Authorised signatory
10.	Artificial juridical person	Authorised signatory
11.	Trust	Trustee

Nitapatil

ID

PROOF

ADDRESS

PROOF

BIRTH PROOF