Application Number: U-N005567803														\neg																
Payme						nt Reference: YHMP1398211100															Inward Number Bar Code							/		
N005567803 Payme					t Date: 2022-09-08 02:32:01 Rs.107.00/-]											
Application Source: UTIITSL WEB-SITE Application Date: 08/09/2022														2																
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	Please select title,	✓ as a	applicab	ole	_	Shri	-	4	_	Smt				Kumari			M/s													
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	If yes, please give that other name					Shri Smt. Kumari M/s																								
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4	Gender (for Individ	dual app	plicants	s only)				Į		Ma	ale		×	Fe	mal	е	L		Tran	nsge	nde	er	(ple	ase	tick	(as	app	licab	ile)	
5	Date of Birth/Incor						1.5				eed	1					Day 2 4			Month 1 2	-	2	_	Year		4				
6	Formation of Body Details of Parents (A CONTRACTOR OF THE PARTY OF TH														4		1		1 2			1	0 0	0 '	4				
"	Whether mother is a	single p	parent a	nd you v	vish	to a	pply	for	PAN	N by			ng th	e na	me	of yo	our r	noth	er o	nly?`	Yes	; <u> </u>	No	×	(p	oleas	e tic	k as	appl	licable)
If yes, please fill in mother's name in the appropriate space provided below. Fathers's Name (Mandatory except where mother is a single parent and PAN is applied by furnishing the name of mother only)																														
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	Select the name of	either fa	ather or	mother	whic	ch y	ou n	nay	like	to b	e pr	inte	d on	PA	N ca	ard (s	select	one o	only)					\Box					_	
	(In case no option is																			a sin	gle	pare	ent a	and	you	wish	n to	apply	/ for	
_	PAN by furnishing i	name of	f the mo	ther onl	y) [Father's name Mother's Name (Please tick as applicate										ble)														
7	Address Residence Addres	s		ſ	N	=	- A	Ь		М		D	Y		С	0	O L L		_	G	_								_	
	Flat / Room / Door / Block No.					=	=	_	Н	M	-	_	G	Α	_	-	_	L	<u> </u>	G	_					H		\dashv	=	
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	Office Address Name of office																													
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8	Address fo	Address for Communication										nce		-		Т	٦	offic	e			(P	(Please tick as applicable)								
9	Telephone Number & Email ID details																														
	Country code Area/STD Code Telephone / Mobile number																														
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10	Status of ap	plicant																					•								
	Please sele	-	✓ as appl	icable																					Gove	ernm	ent				
	✗ Individual Hindu undivided family Compa																														
											Partnership Firm Association of Person														rsons						
	Trusts Body of Individuals Local Au											Authority Artificial Juridical Persons Limited Liability Pa														artnership					
11	Registratio	gistration Number (for company, firms, LLPs etc.)																													
															1																
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) 3 5 9 0 5 6 8 1 6 8 7 9																															
If AADHAAR number is not allotted, please mention the enrolment ID of Aadhaar application form																															
Name as per AADHAAR letter/card or as per the Enrolment ID of Aadhaar application form																															
	Name as pe	raadhaar	k letter/card		_	_	_	_	_	_	_	-	-	_	_	. T		T			1						_	1			
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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														and the same of th																	
				entativ	e Ass	sess	see, 1	wno	is a	sses	SSID	e ur	naer	tne	Inco	ome	lax	Act	in re	espe	ect o	t the	e per	rsor	ı, wn	ose	parti	icula	rs nave		
	been given in the column 1-13. Full Name (Full expanded name : initials are not permitted)																														
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15	Documents	submitted	as Proof o	f Iden	tity (PO), Pr	oof	of A	ddr	ess	(PC	OA) a	nd	Pro	of c	of Da	te c	of Bi	irth	(DO	B)									
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	do hereby declare that what is stated above is true to the best of my/our information and belief.																														
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