|   | Application Number: |           |         |                   |           |       |               |        |                        |           |        |         |           |        |               |          |        |           |          |           |           |          |           |
|---|---------------------|-----------|---------|-------------------|-----------|-------|---------------|--------|------------------------|-----------|--------|---------|-----------|--------|---------------|----------|--------|-----------|----------|-----------|-----------|----------|-----------|
|   | Payment Reference:  |           |         |                   |           |       |               |        | Inward Number Bar Code |           |        |         |           |        |               |          |        |           |          |           |           |          |           |
| Q019680942  | Payment Date:       |           |         |                   |           | ][    |               |        |                        |           |        |         |           |        |               |          |        |           |          |           |           |          |           |
| User ID:  | Amount:             |           |         |                   |           |       |               |        |                        |           |        |         |           | /      | Appli         | cati     | on     | Date      | :        |           | _         |          |           |
| User Name: Application Source:  |                     |           |         |                   |           |       |               |        |                        |           |        |         |           |        |               |          |        |           |          |           |           |          |           |
| PAN Card Mode: Application Mode:  |                     |           |         |                   |           |       |               |        |                        |           |        |         |           |        |               |          |        |           |          |           |           |          |           |
| Request For New PAN Card Or/ And Changes Or Correction in PAN Data  Permanent Account Number (PAN)  Please read Instructions 'h' & 'i' for selecting boxes on left margin of this form. |                     |           |         |                   |           |       |               |        |                        |           |        |         |           |        |               |          |        |           |          |           |           |          |           |
| 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 appli   |                     | hri       | s       | mt                |           | Κι    | ıma           | ri     |                        | M         | s      | -       |           |        | s             | ignature | e/Left | thumb in  | npress   | ion       | _         |          |           |
| Last Name / Surname   |                     |           |         |                   | T         |       | Т             | T      | ╁                      |           | Т      | T       |           |        | $\overline{}$ | T        |        |           |          |           |           |          |           |
| First Name  |                     |           |         |                   | $\forall$ |       |               | 33     | +                      |           | T      |         | -         |        | $\dashv$      | - 13     | 7      | $\exists$ |          |           |           |          |           |
| Middle Name   |                     |           |         |                   | T         |       |               | T      | 1                      |           | T      |         |           |        |               |          |        |           |          |           |           |          |           |
| Name you would like it printed  | on the PAN car      | rd        |         |                   |           |       |               |        |                        |           | _      | -       | _         | _      |               |          | _      | _         | _        |           | _         |          |           |
|   |                     |           |         | +                 |           |       |               |        |                        | -         | _      |         | -         | 1      | _             |          |        | _         |          | _         | L         | $\perp$  | -         |
|   |                     |           |         |                   |           |       |               | $\Box$ |                        |           |        |         |           |        |               |          | 8      |           |          |           | L         |          |           |
| 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   |                     |           |         |                   |           |       |               |        |                        |           |        |         |           |        |               |          |        |           |          |           |           |          |           |
| First Name  |                     |           |         |                   |           |       |               |        |                        |           |        |         |           |        |               |          |        |           |          |           |           |          |           |
| Middle Name   | , L                 |           |         |                   |           |       |               |        |                        |           |        |         |           |        |               |          |        |           |          |           |           |          |           |
| Mother's Name (optional<br>Last Name / Surname  | , г                 |           |         |                   |           |       | $\overline{}$ | _      |                        |           | _      | 1       |           |        |               |          |        | $\neg$    | $\neg$   |           | _         |          |           |
| First Name  | F                   |           | +       | $\overline{\Box}$ | $\dashv$  | -     | +             | +      | +                      |           | +      | 1       |           |        |               | +        |        | +         | $\dashv$ | _         |           |          | _         |
| Middle Name   | F                   | +++       | +       | $\overline{\Box}$ | +         | +     | +             | +      | +                      | +         | +      | +       |           | _      |               | +        | +      | +         | $\dashv$ | ᅱ         |           | $\vdash$ | -         |
| Select the name of either f   | ather or mother     | which y   | ou may  | / like            | to be     | prir  | nted          | on F   | PAN                    | card      | (selec | t one o | nly)      |        |               |          |        |           | _        |           |           |          | - 6       |
| (In case no option is provide   | ded then PAN ca     | rd will b | e Issue | ed wit            | h fat     | her's | s nai         | me)    |                        | Fa        | ther'  | s nar   | me [      |        | Motl          | ner's    | Na     | ame       | (Ple     | ease 1    | ick a     | s appl   | icable)   |
| 3 Date of Birth/Incorporation/  | Agreement/Part      | nership   | /Trust  | Deed              | 1/        |       |               | D      | ay                     | _         | Mon    | th      |           | _      | 'ear          | _        | T      |           |          |           |           |          |           |
| 3 Date of Birth/Incorporation/<br>Formation of Body of indiv  | iduals or Assoc     | ciation   | of Pers | ons               |           |       | _,            |        |                        | L         |        |         |           | 310    | Ц.,           | Ц,       |        |           |          |           |           |          |           |
| 4 Gender (for 'Individual' app  | olicant only)       | Male      | 9       | Fer               | nale      |       |               | ran    | sge                    | nder      |        | 10      | ıs appl   | icable | )             |          | 5      | Phot      | o N      | lisn      | atc       | h        |           |
| 6 Signature Mismatch  | 7 Address           | for Con   | nmuni   | catio             | n         |       |               |        |                        | Res       | ide    | nce     |           | Offi   | ce            |          | (      | (Please   | tick a   | as app    | licabl    | e)       |           |
| Name of Office (to be filled only in case of  | f office address)   |           |         |                   |           |       |               |        |                        |           |        |         |           |        |               |          |        |           |          |           |           |          |           |
| Flat/Room/ Door / Block No.   |                     |           |         |                   |           |       |               |        |                        |           |        |         |           |        |               |          |        |           | T        |           | T         |          |           |
| Name of Premises/ Building/Villa  | age                 |           |         |                   | Ť         |       | Ī             | Ì      | T                      | Ī         |        |         |           | 1      |               |          | Ī      | Ť         |          | 8         | T         |          |           |
| Road/Street/ Lane/Post Office   |                     | 11        | 1       | $\exists$         | $\pm$     | $\pm$ | Ť             | T      | Ť                      | $\dagger$ |        |         | $\exists$ | Ť      | $\mp$         | T        | Ť      | Ť         | Ť        | T         | T         | =        |           |
| Area / Locality / Taluka / Sub- D   | ivision             |           | 4       |                   | 1         | +     | +             | t      | t                      | +         |        |         | $\dashv$  | +      | +             | +        | +      | +         | +        | - M       | $\mp$     | =        |           |
| Town / City / District  | IVISIOII            | +++       |         | -                 |           | +     | -             | +      | +                      | +         |        |         | $\dashv$  | +      | +             | -        | +      |           | +        |           | +         | -        |           |
| State / Union Territory   |                     |           | Pinc    | ode /             | Zip       | code  | - -           |        | Co                     | untry     | Nar    | me      |           |        |               | -        | _      | 1         | _        |           | _         |          |           |
|   |                     |           |         |                   |           |       |               |        |                        |           |        |         |           |        |               |          |        |           |          |           |           |          |           |
| 8 If you desire to update your other address also, give required details In additional sheet.   |                     |           |         |                   |           |       |               |        |                        |           |        |         |           |        |               |          |        |           |          |           |           |          |           |
| 9 Telephone Number & Email  | ID details C        | ountry co | ode     | Area              | /STI      | D/Co  | de            |        |                        |           | Tel    | epho    | ne /      | Мо     | bile i        | num      | bei    | r _       |          |           |           |          |           |
|   |                     |           |         |                   |           |       |               |        |                        |           |        |         |           |        |               |          |        |           |          |           |           |          |           |
| Email ID  |                     |           |         |                   |           |       |               |        |                        |           |        |         |           |        |               |          |        |           |          |           |           |          |           |
| 10 AADHAAR number (if allotted)   |                     |           |         |                   |           |       |               |        |                        |           |        |         |           |        |               |          |        |           |          |           |           |          |           |
| Name as per AADHAAR letter/card   |                     |           |         |                   |           |       |               |        |                        |           |        |         |           |        |               |          |        |           |          |           |           |          |           |
|   | Ī                   |           |         |                   | Ī         |       | T             | Ī      |                        |           | Ī      |         |           |        |               |          | Ī      |           | Ī        | Ī         | 一         |          |           |
|   | Ī                   | T         |         |                   | Ť         |       | Ť             | Ť      | Ť                      |           |        |         |           |        | $\exists$     | Ť        | T      | $\exists$ | T        | $\exists$ | $\exists$ |          | $\exists$ |
| 11 Mention other Permanent A  | Account Numbe       | rs (PAN   | s) inac | verte             | ently     | allo  | tted          | to     | /ou                    |           | 1      |         | 3         |        |               |          |        |           |          | 1         |           |          | _         |
| PAN 1   | PAN 2               |           |         |                   |           | P     | AN 3          |        |                        |           |        | П       |           |        | PAN           | 4        |        |           |          |           |           |          |           |

| 12 Verification , the applican  | t, in the capacity of  |
|---|--|
| do hereby declare that what is stated above is true to the best of my |  |
| I/We have enclosed (number of documents) in support of p              |  |
| Place   |  |
| D D M M Y Y Y Y   |  |
| Date  | Signature / Left Thumb Impression of Applicant (inside the box)  |
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## भारत सरकार Government of India

# भारतीय विशिष्ट पहचान प्राधिकरण Unique Identification Authority of India

Enrolment No.: XXXX/XXXXX/XXXXX

Sonam Yangzom W/O Jamyang Yeshi

HOUSE  $\stackrel{\cdot}{N}$  138 B T S P O BIR TEH BAIJNATH

VTC: Bir Khas (1035) District: Kangra State: Himachal Pradesh PIN Code: 176077

Issue Date:28/10/2013



आपका आधार क्रमांक / Your Aadhaar No. : 6576 8901 8204

मेरा आधार, मेरी पहचान



Download Date:07/06/2025





Issue Date:28/10/201:





Sonam Yangzom जन्म तिथि/DOB: 02-09-1973 महिला/ FEMALE

6576 8901 8204

मेरा आधार, मेरी पहचान







## सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- सुरक्षित QR कोड / ऑफलाइन XML / ऑनलाइन ऑथेंटिकेशन से पहचान प्रमाणित करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

### **INFORMATION**

- Aadhaar is a proof of identity, not of citizenship.
- Verify identity using Secure QR Code/ Offline XML/ Online Authentication.
- This is electronically generated letter.
  - आधार देश भर में मान्य है ।
  - आधार कई सरकारी और गैर सरकारी सेवाओं को पाना आसान बनाता है।
  - आधार में मोबाइल नंबर और ईमेल ID अपडेट रखें।
  - आधार को अपने रमार्ट फोन पर रखें, mAadhaar App के साथ।
  - Aadhaar is valid throughout the country.
  - Aadhaar helps you avail various Government and non-Government services easily.
  - Keep your mobile number & email ID updated in Aadhaar.
  - Carry Aadhaar in your smart phone use mAadhaar App.



भारतीय विशिष्ट पहचान प्राधिकरण Unique Identification Authority of India



W/O Jamyang Yeshi, HOUSE N 138 B T S P O BIR TEH BAIJNATH, Bir Khas (1035), Dist: Kangra, Himachal Pradesh, 176077



6576 8901 8204



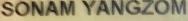








मारत भरकार GOVT. OF INDIA



LOSHI

02/09/1973

Permanent Account Number

AAXPY5519K



Signature



In case this card is lost / found, kindly inform / return to a Income Tax PAN Services Unit, UTUSL Plot No. 3, Sector 11, CBD Belapur, Navi Mumbai - 400 614.

यह कार्ड खो जाने पर कृपया सूचित करें/लौटाए : आयकर पैन सेवा यूनीट, UTIISL प्लाट नं: ३, सेक्टर ११, सी.बी.डी.बेलापूर, नवी मुंबई-४०० ६१४.