

PAN CARD

INDEX.HTML:

```
<!DOCTYPE html>
<html lang="en">
<head>
    <meta charset="UTF-8">
    <meta http-equiv="X-UA-Compatible" content="IE=edge">
    <meta name="viewport" content="width=device-width,
initial-scale=1.0">
    <link rel="stylesheet" href="index.css">
    <title>PanCard</title>
</head>
<body>

    <table width="100%" border="1">
        <tr>
            <td colspan="3" style="background-color:
rgb(122, 17, 17); color: white; text-align: center;">
                <b>Request for New pan card Or/And changes
or correction in pan data</b><br>
                <i> Fields marked with <span style="color:
red;">*</span>(asterisk) are mandatory To avoid
mistake(s).Please refer <a href=" "
style="color:orange">guidelines</a>and <a href=" " style="color:
orange;">instructions</a></i>
            </td>
        </tr>
        <tr>
            <td width="20px"></td>
            <td colspan="2" class = "star">
                <b>Whether citizen of India</b>
                <label for="yes">Yes</label>
                <input type="radio" name="indiancitizen" id
= "yes">
```

```

        <label for="yes">No</label>
        <input type="radio" name="indiancitizen" id
= "no">
    </td>
</tr>
<tr>
    <td width="20px"></td>
    <td colspan="2" class = "star">
        <label for="yes"><b>Permanent account Number
(PAN)</b></label>
        <input type="input" name="PanNunber" id =
"pan">
    </td>
</tr>
<tr>
    <td style="width: 20px;"><input type="checkbox"
id="name"></td>
    <td colspan="2" class="star"><label
for="name"><b>1.Name</b></label>
    </td>
</tr>
<tr>
    <td style="width: 20px;"></td>
    <td class="star" colspan="2">
        <b>Title</b>
        <label for="Shri/Mr">Shri/Mr</label>
        <input type="radio" name="maritalstatus"
id="Shri/Mr">

        <label for="Smt/Mrs">Smt/Mrs</label>
        <input type="radio" name="maritalstatus"
id="Smt/Mrs">

        <label for="Kumari/Ms">Kumari/Ms</label>

```

```

        <input type="radio" name="maritalstatus"
id="Kumari/Ms">
        </td>
    </tr>
    <tr>
        <tr>
            <td width="20px" ></td>
            <td colspan="2"><label
for="Lastname/Surname"><b>Lastname/Surname</b></label>
                <label for="Firstname"
class="fname"><b>Firstname</b></label>
                <label for="MiddleName"
class="mname"><b>MiddleName</b></label><br>

                <input type = "text" id="Lastname/Surname">
                <input type = "text" id="Firstname"
class="Fname">
                <input type = "text" id="MiddleName"
class="Mname"></td>
            </tr>
            <tr>
                <td width="20px" ></td>
                <td class = "star" colspan="2">
                    <label for="nameoncard">
                        <b> Name as you would like it printed on
card </b>

                        <span class = "blue">(Prefix like Shir, Smt,
Kumari, Late, Dr, CS, Ms, Mr, Mrs, M/S, alias etc. are not
allowed)</span>
                    </label><br>
                </tr>
            <tr>
                <td width="20px"></td>
                <td colspan="3">
                    <input type = "text" id="nameoncard">

```

```

        </td>
    </tr>
    <tr>
        <td width="20px"></td>
        <td colspan="4"><b>Details of parents.</b><span
class="blue">(Prefix like Shir, Smt, Kumari, Late, Dr, CS, Ms,
Mr, Mrs, M/S, alias etc. are not allowed)</span></td>
    </tr>
    <tr>
        <td width="20px"></td>
        <td><b>Whether mother is single parent and you wish to
apply for PAN by furnishing the name of your mother
only</b></td>
        <td colspan="2">
            <label for="yes">Yes</label>
            <input type="radio" name="indiancitizen" id = "yes">
            <label for="yes">No</label>
            <input type="radio" name="indiancitizen" id = "no">
        </td>
    </tr>
    <tr>
        <td width="20px">
            <input type="checkbox" id="name">
        </td>
        <td class="star" colspan="2"><b>Father's Name</b> <span
class="blue">(Mandatory field. Even married women should give
father's name only.)</span>
    </td>
    </tr>
    <tr>
        <td width="20px" ></td>
        <td colspan="2"><label
for="Lastname/Surname"><b>Lastname/Surname</b></label>
            <label for="Firstname"
class="fname"><b>Firstname</b></label>

```

```

        <label for="MiddleName"
class="mname"><b>MiddleName</b></label><br>
        <input type = "text" id="Lastname/Surname">
        <input type = "text" id="Firstname"
class="Fname">
        <input type = "text" id="MiddleName"
class="Mname"></td>
    </tr>
    <tr>
        <td width="20px">
            <input type="checkbox" id="name">
        </td>
        <td colspan="2" class="blue">Mother's Name (The
feild is optional) </td>
    </tr>
    <tr>
        <td width="20px" ></td>
        <td colspan="2"><label
for="Lastname/Surname"><b>Lastname/Surname</b></label>
        <label for="Firstname"
class="fname"><b>Firstname</b></label>
        <label for="MiddleName"
class="mname"><b>MiddleName</b></label><br>
        <input type = "text" id="Lastname/Surname">
        <input type = "text" id="Firstname"
class="Fname">
        <input type = "text" id="MiddleName"
class="Mname"></td>
    </tr>
    <tr>
        <td width="20px"></td>
        <td class="star" width=50%><b>4.Select parent name
which is to be printed on the card</b><br>
        <span class="blue">(in case no option is provided
the PAN card will be issued with fathers name)</span></td>

```

```

        <td>
            <label for="fathername"><b>Father
Name</b></label>
            <input type="radio" name="parent" id =
"fathername">
            <label for="mothername"><b>Mother
Name</b></label>
            <input type="radio" name="parent" id =
"mothername">
        </td>
    </tr>
    <tr>
        <td width="20px">
            <input type="checkbox" id="dob">
        </td>
        <td class="star"><b>5.Date of
Birth/incorporation/Agreement/partnership<br>or Trust
Deed/Formation of Body of individuals/ <br>Association of
persons</b></td>
        <td>
            <label for="day">DD</label>
            <label for="month" style="margin-left:
20px;">MM</label>
            <label for="year" style="margin-left:
20px;">YYYY</label><br>
            <select id="day">
                <option value="DD">DD</option>
                <option value="01">01</option>
                <option value="02">02</option>
            </select>
            <select id="month">
                <option value="MM">MM</option>
                <option value="01">01</option>
                <option value="02">02</option>
            </select>

```

```

        <input type="text">
    </td>
</tr>
<tr>
    <td width="20px"></td>
    <td width="50%" class="star"><b>6. Gender</b></td>
    <td>
        <label for="Male">Male</label>
        <input type="radio" name="gender" id = "Male">
        <label for="Female">Female</label>
        <input type="radio" name="gender" id = "Female">
        <label for="Other">Other</label>
        <input type="radio" name="gender" id = "Other">
    </td>
</tr>
<tr>
    <td width="20px"><input type="checkbox"
id="pic"></td>
    <td colspan="2"><label for="pic"><b>7. Photo
Mismatch</b></label></td>
</tr>
<tr>
    <td width="20px"><input type="checkbox"
id="sign"></td>
    <td colspan="2"><label for="sign"><b>8. Signature
Mismatch</b></label></td>
</tr>
<tr>
    <td width="20px"></td>
    <td width="50%" class="star"><b>9. Address for
Communication</b></td>
    <td>
        <label for="Residential">Residential</label>
        <input type="radio" name="Office/residential" id
= "Residential">

```

```

        <label for="Office">Office</label>
        <input type="radio" name="Office/residential" id
= "Office">
        </td>
    </tr>
    <tr>
        <td width="20px"></td>
        <td>
            <label for="Office Name"><b>Office
Name</b><i>(To be filled only in case of office
address)</i></label>
            </td>
            <td>
                <input type="input" name="Office Name" id =
"Office Name">
                </td>
            </tr>
            <tr>
                <td width="20px"></td>
                <td>
                    <label for="Flat/Door/Block
No"><b>Flat/Door/Block No.</b></label>
                    </td>
                    <td>
                        <input type="input" name="PanNunber" id =
"Flat/Door/Block No">
                        </td>
                    </tr>
                    <tr>
                        <td width="20px"></td>
                        <td>
                            <label for="buildingname"><b>Name of
premisiss/Building/Village</b></label>
                            </td>
                            <td>

```



```

        <input type="input" name="buildingname" id =
"buildingname">
    </td>
</tr>
<tr>
    <td width="20px"></td>
    <td>
        <label for="street"><b>Road/Lane/Street?Post
Office</b></label>
    </td>
    <td>
        <input type="input" name="street" id = "street">
    </td>
</tr>
<tr>
    <td width="20px"></td>
    <td>
        <label
for="area"><b>Area/Locality/Taluka/Sub-Division</b></label>
    </td>
    <td>
        <input type="input" name="area" id = "area">
    </td>
</tr>
<tr>
    <td width="20px"></td>
    <td>
        <label
for="town"><b>Town/City/District</b></label>
    </td>
    <td>
        <input type="input" name="town" id = "town">
    </td>
</tr>
<tr>

```

```

        <td width="20px"></td>
        <td>
            <label for="state"><b>State/Union
Territory</b></label>
        </td>
        <td>
            <select id="state">
                <option value="--Please Select--">--Please
Select--</option>
                <option value="01">01</option>
                <option value="02">02</option>
            </select>
        </td>
    </tr>
    <tr>
        <td width="20px"></td>
        <td>
            <label for="pin"><b>pin</b></label>
        </td>
        <td>
            <input type="input" name="pin" id = "pin">
        </td>
    </tr>
    <tr>
        <td width="20px"></td>
        <td>
            <label for="country"><b>Country</b></label>
        </td>
        <td>
            <select id="country">
                <option value="--Please Select--">--Please
Select--</option>
                <option value="01">01</option>
                <option value="02">02</option>
            </select>

```

```

        </td>
    </tr>
    <tr>
        <td width="20px"></td>
        <td>
            <label for="zip"><b>zip</b></label>
        </td>
        <td>
            <input type="input" name="zip" id = "zip">
        </td>
    </tr>
    <tr>
        <td width="20px"><input type="checkbox"
id="otherproof"></td>
        <td colspan="2"><label for="otherproof"><b>10. If
you desire to update your other address, give required details &
<span class="underline-black">Submit proof of other address
also</span></b></label></td>
    </tr>
    <tr>
        <td width="20px" rowspan="2"><input type="checkbox"
id="telno"></td>
        <td rowspan="2" class="star"><label
for="telno"><b>11. Telephone No.</b><br>
(Country code is compulsory)
</label></td>
        <td>
            Country code (ISD Code) <br>
            <select id="country">
                <option value="--Please Select--">--Please
Select--</option>
                <option value="01">01</option>
                <option value="02">02</option>
            </select>
        </td>
    </tr>

```

```

    </tr>
    <tr>
        <td colspan="2">

            <table border="1" width="100%"><tr>
                <td>
                    <label for="Mobile No.">Mobile No.</label>
                    <input type="radio" name="number" id = "Mobile
No."></td>
                <td>
                    <label for="Telephone No.">Telephone No.</label>
                    <input type="radio" name="number" id =
"Telephone No.">
                </td>
            </tr>
            <tr>
                <td>
                    <label
for="area/stdcode">Area/STDcode</label><br>
                    <input type="text" name="area/stdcode" id =
"area/stdcode"></td>
                <td>
                    <label for="phone/tele">Telephone/Phone
No.</label><br>
                    <input type="text" name="phone/tele" id =
"phone/tele">
                </td>
            </tr></table>

        </td>
    </tr>
    <tr>
        <td width="20px"></td>
        <td>
            <label for="emailid"><b>Email ID</b></label>

```

```

        </td>
        <td>
            <input type="input" name="emailid" id =
"emailid">
        </td>
    </tr>
    <tr>
        <td width="20px"></td>
        <td>
            In case of a citizen of India, then</td>
        <td><label for="aadhar">AADHAAR</label>
            <input type="radio" name="type" id =
"aadhar">
            <label for="EID">EID</label>
            <input type="radio" name="type" id = "EID">
        </td>
    </tr>
    <tr>
        <td width="20px"><input type="checkbox"
id="aadhar"></td>
        <td class="star">
            <label for="aadhar"><b>12. AADHAAR number
:</b></label>
        </td>
        <td>
            <span class="darkblue">In case of AADHAAR number
is provided, then proof of AADHAAR along with supporting
documents is to be submitted to NSDL.</span>
        </td>
    </tr>
    <tr>
        <td width="20px"></td>
        <td>
            <label for="name" class="star">Name as per
AADHAAR letter<br>

```

```

        or<br>
        as per the enrollment ID of Aadhaar application
form
        </label>
    </td>
    <td>
        <input type="input" name="name" id = "name"
width="100%">
    </td>
</tr>
<tr>
    <td width="20px"></td>
    <td>
        <label for="GSTN"><b>13. GSTN</b></label>
    </td>
    <td>
        <input type="input" name="GSTN" id = "GSTN">
    </td>
</tr>
<tr>
    <td width="20px"><input type="checkbox"
id="pan"></td>
    <td colspan="2"><label for="pan"><b>14. Mention
other permanent account numbers (PAN's) if any, Inadvertently
allotted to you. <span class="underline-black">Submit proof of
surrendered PAN(s) along with the
application</span></b></label></td>
</tr>
<tr>
    <td width="20px"></td>
    <td>
        <label for="PAN1">PAN1</label>
        <input type="text" id="PAN1">
    </td>
    <td>

```

```

        <label for="PAN1">PAN2</label>
        <input type="text" id="PAN1">
    </td>
</tr>
<tr>
    <td width="20px"></td>
    <td>
        <label for="PAN3">PAN3</label>
        <input type="text" id="PAN3">
    </td>
    <td>
        <label for="PAN4">PAN4</label>
        <input type="text" id="PAN4">
    </td>
</tr>
<tr>
    <td width="20px"></td>
    <td colspan="2">
        <b>15. Verification</b>
    </td>
</tr>
<tr>
    <td width="20px"></td>
    <td colspan="2">
        <p>I/we <input type="text" width="100%"/>, the
applicant, in the capacity of <select>
        <option value="--Please Select--">--Please
Select--</option>
        <option value="01">01</option>
        <option value="02">02</option>
        </select> do hereby declarre that what is
stated above is true to my belief<br>
        I have enclosed <input type="text"> (number of
documents) in support of proposed changes/corrections.</p>
    </td>

```

```

</tr>
<tr>
  <td width="20px"></td>
  <td colspan="2">
    Place
    <input type="text">
  </td>
</tr>
<tr>
  <td width="20px"></td>
  <td colspan="2">
    <input type="date"><br>
    Verified today, the 18-04-2020
  </td>
</tr>
<tr>
  <td width="20px"></td>
  <td colspan="2">
    <p>
      I/We have enclosed<br>
      <select style="width: 1000px">
        <option value="--Please Select--">--Please
Select--</option>
        <option value="01">01</option>
        <option value="02">02</option>
      </select>
      as proof<br>
      or identity <select style="width: 1000px">
        <option value="--Please Select--">--Please
Select--</option>
        <option value="01">01</option>
        <option value="02">02</option>
      </select> as proof address, <br>
      and <select style="width: 1000px">

```



```

                <option value="--Please
Select--">--Please Select--</option>
                <option value="01">01</option>
                <option value="02">02</option>
            </select> as proof of date of birth <br>
            and <select style="width: 1000px">
                <option value="--Please
Select--">--Please Select--</option>
                <option value="01">01</option>
                <option value="02">02</option>
            </select> as proof of PAN
alootted.</p>
        </td>
    </tr>
    <tr>
        <td width="20px"></td>
        <td colspan="2">
            <p>
                <b>Whether you wish to have?</b>
                <label for="Physical Pancard & e-PAN
card">Physical Pancard & e-PAN card</label>
                <input type="radio" name="Pancardtype" id =
"Physical Pancard & e-PAN card">
                <label for="Only e-PAN card">Only e-PAN
card</label>
                <input type="radio" name="Pancardtype" id =
"Only e-PAN card">
                <span class="underline-black"><b><i>Fees
Applicable</i></b></span>
            </p>
        </td>
    </tr>
    <tr>
        <td width="20px"></td>
        <td colspan="2">

```

```

        <b>Other Details</b>
    </td>
</tr>
<tr>
    <td width="20px"></td>
    <td colspan="2">
        <b>1. Depository Account Details</b>
    </td>
</tr>
<tr>
    <td width="20px"></td>
    <td colspan="2">
        <label for="DP ID">DP ID :</label>
        <input type="text" id="DP ID">
        <label for="Client ID">Client ID :</label>
        <input type="text" id="Client ID">
    </td>
</tr>
<tr>
    <td width="20px"></td>
    <td colspan="2">
        <b>2. Payment Details</b>
    </td>
</tr>
</tr>
<tr>
    <td width="20px"><input type="radio"></td>
    <td colspan="2">
        <b>Online Payment</b>
    </td>
</tr>
</table>

<!-- Table 2 -->
<table width="100%">

```

```

<tr>
  <td colspan="3">
    For paperless PAN application
    <label for="yes">Yes</label>
    <input type="radio" name="pan" id = "yes">
    <label for="no">No</label>
    <input type="radio" name="pan" id = "no">
  </td>
</tr>
<tr>
  <td colspan="3">
    <p>
      <input type="radio">DSC
      <select>
        <option value="--Please Select--">--Please
Select--</option>
        <option value="01">01</option>
        <option value="02">02</option>
      </select>
      <span class="underline-red">Guidelines for
DSC user</span>

    </p>
  </td>
</tr>
<tr>
  <td>
    Upload Photo
  </td>
  <td>
    <button>Choose File</button>
  </td>
  <td>
    Upload Signature
    <button>Choose File</button>
  </td>
</tr>

```

```

                No file chosen
            </td>
        </tr>
        <tr>
            <td>
                Upload Document
            </td>
            <td>
                <button>Choose File</button>
            </td>
        </tr>
        <tr>
            <td>
                <button>
                    <i class="fa fa-upload"
aria-hidden="true"></i>
                    Fetch from DigiLocker
                </button>
            </td>
        </tr>
        <tr>
            <td>
                ALREADY UPLOADED PHOTOS :
            </td>
            <td colspan="2">
                <input type="input">
            </td>
        </tr>
        <tr>
            <td>
                ALREADY UPLOADED SIGNATURE :
            </td>
            <td colspan="2">
                <input type="input">
            </td>
        </tr>
    </table>

```

```

        </tr>
        <tr>
            <td>
                ALREADY UPLOADED DOCUMENTS :
            </td>
            <td colspan="2">
                <textarea rows = "7" cols = "60"></textarea>
            </td>
        </tr>
        <tr>
            <td colspan="3">
                <center>
                    <button>Submit</button>
                </center>
            </td>
        </tr>
    </table>

</body>
</html>

```

Index.css

```

table{
    border: 1px solid gray;
    border-collapse: collapse;
    font-family: Arial, Helvetica, sans-serif;
}
table{
    background-color: rgb(255, 253, 208);
    font-family: Arial, Helvetica, sans-serif;
}

```

```
.blue{
    color:blue;
}
.star::before{
    content : "*";
    color: red;
}
.fname,.mname{
    margin-left: 250px;
}
.Fname{
    margin-left: 195px ;
}
.Mname{
    margin-left: 140px ;
}
```