<!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">

    <title>Document</title>

</head>

<style>

    u {

        color: orange;

    }

    span {

        color: red;

    }

    table,

    tr,

    td {

        border: 1px solid black;

        border-collapse: collapse;

        border-left: 100px;

    }

    \* {

        margin: 3px, 1px, 3px;

    }

    bl{

        color:blue;

    }

</style>

<body>

    <div style="background: color lightgoldenrodyellow 1px;"></div>

    <div style="background-color:maroon;color:white;">

        <h5 style="text-align:center;margin-bottom:0px;margin-top:0px;">Request for the New Pan or/changes/corrections

        </h5>

        <p style="text-align:center;font-style:italic;margin-top:0px;margin-bottom: 0px;">Field market with \* are

            mandatory.To avoid mistakes please refer<u> guidelines</u> and<u> instructions</u></p>

</div>

<div style="font-weight:bold;margin-top:0px;">

    <table style="width: 100%;">

        <tr>

            <td></td>

            <td>

                <p style="display:inline;"<span>\*</span>whether citizen of India</p>

                <label for="YYes" style="padding-left:50px;">Yes</label>

                <input type="radio" name="" id="YYess"></label>

                <label for="NNoo" style="padding-left:20px;">No</label>

                <input type="radio" name="" id="NNoo">

<div>

                <p style="display: inline;font;"><span>\*</span>Permanent Account Number(PAN)</p>

                <label for="Pan" style="padding-top: 100px;">

                    <input type="textbox" name="" id="Pan" style="display:inline;"></label>

    </div>

                <p><span>\*</span>Name</p>

                <label for="" style="margin-left:100px";></label>

                <p><span>\*</span>Title

                <label for="Shri">Shri/Mr</label>

                    <input type="radio" name="" id="Shri" >

                  <label for="Mrs" style="padding-inline;">Smt/Mrs</label>

            <input type="radio" name="" id="Mrs">

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

            <input type="radio" name="" id="Kumari">

                </p>

    </div>

    <div>

        <p style="display:inline;">

        <label for="lastname" style="display-inline;">LastName/Surname </label><br>

        <input type="textbox" id="lastname"><br>

        <label for="firstName" style="display:inline;">FirstName</label><br>

        <input type="textbox" id="firstName"><br>

<label for="middlename" style="display:inline;">MiddleName</label><br>

<input type="textbox" id="middlename"><br>

    </p>

    </div>

    <p style="display:inline;" ><span>\*</span>Name as you would like to print on the card <bl>(prefix like Shri,Smt,Kumari,Late,Dr,CA,Ms,Mr,Mrs,M/S,Alias etc,are not allowed)</bl><br>

<label for="text"></label>

<input type="textbox" id="text"></p>

<p>Details of parents<bl>(prefix like Shri,Smt,Kumari,Late,Dr,CA,Ms,Mr,Mrs,M/S,Alias etc,are not allowed)</bl></p></td>

</tr>

    </table>

</body>

</html>