

Road / Street / Lane/Post Office

Area / Locality / Taluka/ Sub- Division

Acknowledgement Number: N-881151139147775

Form NO.



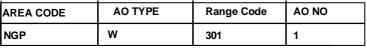
Application for Allotment of Permanent Account Number [In the case of Indian Citizens/Indian Companies/Entities incorporated in India/

Unincorporated entities formed in India]

Under section 139A of the Income Tax act, 1961

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

Assessing officer (AO code)



Sir, I/We hereby request that a permanent account number be allotted to me/us. Signature / Left Thumb Impression of 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 Kumari Last Name/Surname SONAR **First Name** SHREYA Middle Name MADANPANT 2. Abbreviations of the above name, as you would like it, to be printed on the PAN card SHREYA MADANPANT SONAR 3. Have you ever been known by other name? If yes, please give that other name Yes No Shri Smt. Kumari M/S Please select title, as applicable Last Name/Surname First Name Middle Name Y Gender(for individual applicants only) Male 5. Date of Birth/Incorporation/Agreement/Partnership or Trust Deed/ Formation of Body of individuals or association of Persons Day Month 17/09/2001 6. Details of Parents (applicable only for individual applicants) Yes 🗌 No 🗹 Whether mother is a single parent and you wish to apply for PAN by furnishing the name of your mother only? (please tick as applicable) If yes, please fill in mother's name in the appropriate space provided below. Father's Name (Mandatory except where mother is a single parent and PAN is applied by furnishing the name of mother only) Last Name/Surname **SONAR** First Name MADAN Middle Name DEVRAOJI Mother's Name (Optional except where mother is a single parent and PAN is applied by furnishing the name of mother only) ✓Last Name/Surname SONAR SUSHAMA First Name **MADANPANT** 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) (In case no option is provided then PAN card will be issued with father's name except where mother is a single parent and you wish to apply for PAN by furnishing name of mother only) 7. Address Residence Address Karajgaon ISHWAR PETH Flat / Room / Door / Block No. KARAJGAON Khel Mahal Name of Premises / Building / Village Road / Street / Lane/Post Office (Karajgaon) Chandurbazar Area / Locality / Taluka/ Sub-Amravati Town / City / District State / Union Territory Pincode / Zip code Country Name **MAHARASHTRA** INDIA 444809 Office Address Name of office **RIKAM TEKADI NEAR ISHWAR PETH KARAJGION** Flat / Room / Door / Block No. AT POST KARAJGON Name of Premises / Building / Village SHREYA MADANPANT SONAR

ISHWAR PETH KARAJGAION

CHANDUR BAZAR

| Town / City / District | AMRAVATI | | |
|--|---|---|----------------------------------|
| • | amicavati | | |
| State / Union Territory | Pincode / Zip code | | |
| MAHARASHTRA | 444908 | INDIA | |
| 8. Address for Commun | nication 🗹 Residence | Office Please tick | as applicable |
| 9. Telephone Number 8 | Email ID details | | |
| Country code | Area/STD Code | Telephone / Mobile number | |
| 91 | 95037 | 9503760759 | |
| Email ID | SONARSHREYA278@GMAIL.COM | | |
| 10. Status of applicant | | | |
| Please select status | , as applicable | | Government |
| Individual | Hindu undivided family Comp | pany Partnership Firm | Association of Persons |
| ☐ Trusts | Body of Individuals Local | Authority Artificial Juridical Persons | Limited Liability Partnership |
| 11. Registration Number | er (for company, firms, LLPs etc.) | | _ |
| | | | |
| 12. In case of a person, | , who is required to quote Aadhaar numbe | r of Aadhaar application form as per section | 139AA |
| Please mention your AADHAAR number (if allotted) | | | |
| | | | |
| Name as per AADHAAR | letter/card of Aadhaar application | | |
| SHREYA MADANPAN | IT SONAR | | |
| 13. Source of Income | | | Capital Gains |
| Salary Income from Bus | Business/Profession | [For Code: Refer instructions] | Income from Other sources |
| Income from Hou | | | ☐ No income |
| 14. Representative Ass | | | |
| Full name, address of the | e Representative Assessee, who is assessible | under the Income Tax Act in respect of the pe | rson, whose |
| particulars have been given in the column 1-13. | | | |
| | nded name : initials are not permitted) | | SI AA/ |
| Please select title as a | applicable Shri | Smt Kumari |] M/s |
| Last Name/Surname | | | |
| First Name | | | |
| Middle Name | | | |
| Address | | | |
| Flat / Room / Door / Bloc | k No. | | |
| Name of Premises / Build | ding / | | |
| Road / Street / Lane/Post | Office | | |
| Area / Locality / Taluka/ S | Sub- Division | | |
| Town / City / District | | | |
| State / Union Territory | Pincode | Country Name | e |
| | | | |
| 15. Documents submitted | d as Proof of Identity (POI), Proof of Addre | ss (POA) and Proof of Date of Birth (DOB) | |
| I/We have enclosed AA | DHAAR Card issued by the Unique Identif | cation Authority of India | as proof of identity |
| | | | |
| | by the Unique Identification Authority of I | | as proof of address and |
| AADHAAR Card issued by the Unique Identification Authority of India as proof of date of birth. | | | |
| [Please refer to the instructions (as specified in Rule 114 of I.T. Rules, 1962) for list of mandatory certified documents to be submitted as applicable | | | |
| [Annexure A, Annexure B & Annexure C are to be used wherever applicable] | | | |
| 16 I/We SHREYA MADANPANT SONAR the applicant, in the capacity of Himself/Herself | | | |
| do hereby declare that wh | at is stated above is true to the best of my/ou | r information and belief. | |
| Place | KARAJGION | | |
| | DD MM YYYY | | |
| _ | 1/02/2025 | Signa | ature / Left Thumb Impression of |
| _ | | • | |