

PanCard Form:

Request For New PAN Card Or/And Changes Or Correction in PAN Data	
Fields marked with * (asterisk) are mandatory. To avoid mistake(s), please refer guidelines and instructions	
<input type="checkbox"/> Whether citizen of India Yes <input type="radio"/> No <input type="radio"/>	
<input type="checkbox"/> Permanent Account Number (PAN)	
<input type="checkbox"/> 1. Name	
Title <input type="radio"/> Shri/Mr <input type="radio"/> Smt./Mrs. <input type="radio"/> Kumari/Ms <input type="radio"/> M/s	
Last Name/Surname First Name Middle Name	
* Name as you would like it printed on the card (Prefix like Shri, Smt, Kumari, Late, Dr, CA, Ms, Mr, Mrs, M/s, Alias etc. are not allowed)	
Details of Parents. (Prefix like Shri, Smt, Kumari, Late, Dr, CA, Ms, Mr, Mrs, M/s, Alias etc. are not allowed.)	
Whether mother is single parent and you wish to apply for PAN by furnishing the name of your mother only Yes <input type="radio"/> No <input type="radio"/>	
<input type="checkbox"/> * Father's Name (Mandatory field. Even married women should give father's name only.)	
Last Name/Surname First Name Middle Name	
<input type="checkbox"/> Mother's Name (This field is optional.)	
Last Name/Surname First Name Middle Name	
<input type="checkbox"/> 4. Select Parent name which is to be printed on the card (In case no option is provided then PAN card will be issued with father's name)	
Father Name <input type="radio"/> Mother Name <input type="radio"/>	
<input type="checkbox"/> 5. Date of Birth/Incorporation/Agreement/Partnership or Trust Deed/Formation of Body of Individuals/ Association of Persons DD MM YYYY DD MM	
<input type="checkbox"/> 6. Gender Male <input type="radio"/> Female <input type="radio"/> TransGender <input type="radio"/>	
<input type="checkbox"/> 7. Photo Mismatch	
<input type="checkbox"/> 8. Signature Mismatch	
<input checked="" type="checkbox"/> 9. Address for Communication Residential <input type="radio"/> Office <input type="radio"/>	
Office Name (to be filled only in case of office address)	
Flat/Door/Block No.	
Name of Premises/Building/Village	
Road/Street/Lane/Post Office	
Area/Locality/Taluka/Sub-Division	
Town/City/District	
State/Union Territory -- Please Select --	
PIN (indicating PIN is mandatory)	
Country -- Please select --	
Zip	
<input type="checkbox"/> 10. If you desire to update your other address, give required details & Submit proof of other address also.	
Country code (ISD code) -- Please select --	
<input type="checkbox"/> 11. Telephone No. (Country code is compulsory) Mobile No. Telephone No.	
Area/STD Code Telephone No./Mobile No.	
E-mail ID	
In case of a citizen of India, then AADHAAR <input type="radio"/> EID <input type="radio"/>	
<input type="checkbox"/> 12. AADHAAR number : In case AADHAAR number is provided, then proof of AADHAAR along with supporting documents is to be submitted to NSDL	
* Name as per AADHAAR letter or as per the enrolment ID of Aadhaar application form	
13. GSTN	
<input type="checkbox"/> 14. Mention other Permanent Account Numbers (PANs) if any, inadvertently allotted to you. Submit proof of surrendered PAN(s) along with the application.	
PAN1 PAN2	
PAN3 PAN4	
15. Verification	
I/We, the applicant, in the capacity of -- Please Select -- do hereby declare that what is stated above is true to the best of my information and belief.	
I have enclosed (number of documents) in support of proposed changes/corrections.	
Place DD MYYYYY	
Verified today, the 15-04-2020	
I/We have enclosed -- Please Select -- as proof of address, -- Please select -- as proof of date of birth, and -- Please select -- as proof of PAN allotted.	
Whether you wish to have? <input checked="" type="radio"/> Physical PAN Card & e-PAN Card <input type="radio"/> Only e-PAN Card Fees Applicable	
Other Details	
1. Depository Account Details	
DP ID: Client ID:	
2. Payment Details	
<input type="radio"/> Online Payment	
For Paperless PAN Application: <input checked="" type="radio"/> Yes <input type="radio"/> No	
<input checked="" type="radio"/> DSC --Select-- Guidelines for DSC user	
Upload Photo Choose file No file chosen	
Upload Document Choose file No file chosen	
Fetch from DigLocker	
Upload Signature Choose file No file chosen	
OR	
ALREADY UPLOADED PHOTO:	
ALREADY UPLOADED SIGNATURE:	
ALREADY UPLOADED DOCUMENTS:	
Submit	

pan.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="pan.css">
  <title>PanCard Form</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>
  </table>
</body>
</html>
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        </td>
    </tr>
    <tr>
        <td 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 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>
        <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>

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        <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>

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        <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>

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<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>

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        <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">

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        </td>
    </tr>
    <tr>
        <td width="20px"></td>
        <td>
            <label for="buildingname"><b>Name of
premis/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">

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        </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>

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        <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>
        <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>

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        <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>

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        </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>

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        <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>

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        <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>

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                <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>

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        <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>
            </p>
        </td>
    </tr>
</table>

```



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        <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>
        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>
<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>

```

Pan.css

```
table{
    border: 1px solid black;
    border-collapse: collapse;
}
table{
    background-color: palegoldenrod;
}

.blue{
    color:blue;
}

.star::before{
    content : "*";
    color: red;
}

.fname,.mname{
    margin-left: 250px;
}

.Fname{
    margin-left: 195px ;
}

.Mname{
    margin-left: 140px ;
}
```