

FORM 'F'

EMP CODE..... A4002

[See sub-rule (1) of rule 6]

Nomination

To AXTRIA INDIA PRIVATE LIMITED, 11TH FLOOR, TOWER B, BUILDING 14, DLF CYBER CITY,
GURUGRAM, HARYANA, 122002

I. I MR. / MS. RITAM BISWAS

whose particulars are given in the statement below,
hereby nominate the person(s) mentioned below to receive the gratuity payable after my death as
also the gratuity standing to my credit in the event of my death before that amount has become
payable, or having become payable has not been paid and direct that the said amount of gratuity
shall be paid in proportion indicated against the name(s) of the nominee(s).

2. I hereby certify that the person(s) mentioned is/a/are member(s) of my family within the
meaning of clause (h) of section (2) of the Payment of Gratuity Act, 1972.

3. I hereby declare that I have no family within the meaning of clause (h) of section (2) of the said
Act.

4. (a) My father/mother/parents is/are not dependent on me.

(b) my husband's father/mother/parents is/are not dependent on my husband.

5. I have excluded my husband from my family by a notice dated the to the Controlling Authority in
terms of the proviso to clause (h) of section 2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

Nominee(s)

| Name in full with full address of nominee(s) | Relationship with the employee | Age of nominee | Proportion by which the gratuity will be shared* |
|--|--------------------------------|----------------|--|
| 1. Chandana | Mother | 51 | 100% |
| 2. Biswas | | | |
| 3. | | | |
| 4. P.O. - Fort Custer, Staff Quarter Custer Ltd, | | | |
| 5. Barua | Howrah, West Bengal - 711310 | | |

*Not to exceed 100%

Statement

1. Name of employee in full. RITAM BISWAS
2. Gender. MALE
3. Religion. HINDUISM
4. Whether unmarried/married. UNMARRIED
5. Department/Branch/Section where employed. Corporate Function - HR
6. Designation & Employee ID Analyst L1, EMP ID - A400.2
7. Date of Joining 12.07.2021
8. Permanent address P. O. - FORT GLOSTER, STAFF QUARTER GLOSTER LTD, NEAR HOOGHLY RIVER, BAURIA, HOWRAH, W.B. - 711310

Place Noida

Date 12/7/21

Ritam Biswas

Signature
of the employee

Declaration by witnesses

Nomination signed before me.

Name in full and full
address of witnesses.

Signature of witnesses.

1. Chandana Biswas
P.O. - Fort Gloster, Staff
2. Quarter Gloster Ltd, Bauria
Howrah, West Bengal - 711310

Chandana Biswas

Place Bauria, West Bengal

Date 12/7/21

Certificate by the employer

Certified that the particulars of the above nomination have been verified and recorded in this establishment.

For & on behalf of Axtria India Private Ltd

Date:

Authorised Signatory
Designation

Acknowledgement by the employee

Received the duplicate copy of nomination in Form 'F' filed by me and duly certified by the employer.

Date

Signature of the employee

FORM 2 (Revised)

**NOMINATION AND DECLARATION FORM FOR UNEXEMPTED/
EXEMPTED ESTABLISHMENTS**

**Declaration and Nomination Form under the Employees' Provident Funds and
Employees' Pension Scheme**

(Paragraphs 33 & 61 (1) of the Employees Provident Fund Scheme, 1952 and Paragraph 18 of the Employees' Pension scheme, 1995)

1. Name (in Block letters) : **RITAM BISWAS**
 2. Father's/Husband's Name : **KRISHNA CHANDRA BISWAS**
 3. Date of Birth : **12/05/1996**
 4. Sex : **MALE**
 5. Marital Status : **Unmarried**
 6. Account No. : **400910110005351 [IFSC - BKID0004009]**
 7. Address : Permanent : **P.O. - Fort Gleser, Staff Quarters Gleser Ltd,**
 Temporary : **Bawaria, Howrah, W.B. - 711310**
 8. Date of joining : **12/7/21**

PART - A (EPF)

I hereby nominate the person(s) /cancel the nomination made by me previously and nominate the person(s) mentioned below to receive the amount standing to my credit in the Employees' Provident Fund in the event of my death :

| Name of nominee/ nominees | Address | Nominee's relation- ship with the member | Date of Birth | Total amount of share of Accumulations in Prov- ident Fund to be paid to each nominee | If the nominee is a minor, name & relationship & address of the guardian who may receive the amount during the minority of nominee |
|------------------------------|---------|---|---------------|--|--|
| 1 | 2 | 3 | 4 | 5 | 6 |

| | | | | | |
|----------------------------|---|---------------|-------------------|--------------|----------|
| Chandana Biswas | P.O.-Fort Gleser, staff quarter Gleser Ltd, Bawaria, Howrah 711310 | Mother | 04/10/1970 | 100%. | — |
|----------------------------|---|---------------|-------------------|--------------|----------|

- 1 * Certified that I have no family as defined in para 2(g) of the Employees' Provident Fund Scheme, 1952 and should I acquire a Family hereafter, the above nomination should be deemed as cancelled.
 2 * Certified that my father/mother is/are dependent upon me.

Ritam Biswas
Signature or thumb impression of the subscriber

*Strike out whichever is not applicable.

Part B (EPS) (Para 18)

I hereby furnish below particulars of the members of my family who would be eligible to receive widow/children pension in the event of my death.

| S.No. | Name of the family member | Address | Date of Birth | Relationship with the member |
|-------|---------------------------|---------|---------------|------------------------------|
| 1 | 2 | 3 | 4 | 5 |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

** Certified that I have no family, as defined in para 2(vii) of Employees' Pension Scheme, 1995 and should I acquire a family hereafter I shall furnish particulars thereon in the above form.

I hereby nominate the following person for receiving the monthly widow pension (admissible under para 16 2(a)(i) and (ii)) in the event of my death without leaving any eligible family member for receiving Pension.

| Name and Address of the Nominee | Date of Birth | Relationship with the member |
|---------------------------------|---------------|------------------------------|
| 1 | 2 | 3 |
| 1. Chandana Biswas | 04/10/1970 | Mother |
| 2. P.O. - Fort Cawster, | | |
| 3. Staff Quarter Cawster Ltd, | | |
| 4. Baruria, Howrah - 711310 | | |

Date : ~~12/7/21~~ 12/7/21

Ritans Biswas

Signature or thumb impression of the subscriber

**Strike out whichever is not applicable.

CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed/thumb impressed before me by Shri/Smt./Kum. _____

employed in my establishment after he/she has read the entries/entries have been read over to him/her _____

by me and got confirmed by him/her.

Place : _____

Signature of the employer or other
Authorized Officers of the Establishment.

Designation

Dated the : _____

Name & Address of the Factory/
Establishment or Rubber Stamp Thereon

Application form for Permanent Identity Card
(Refer Rule 70 of SEZ Rule 2006)
(to be filled by the Applicant)

SEAVIEW DEVELOPERS PRIVATE LIMITED IT/ITES SEZ
Plot no 20 & 21, Sector-135, Noida



Name of the company Unit : Axtria India Private Limited
Name of the Employee : RITAM BISWAS
Designation : Analyst (L1)
Father's/ Husband's Name : KRISHNA CHANDRA BISWAS
Temporary Address : _____
Permanent Address : S/o Krishna Chandra Biswas, Gleston Ltd Staff Quarter,
12/5/1996 Near Hooghly River, Bawali,
Date of Birth : 12/7/2021 Fort Guleria, Howrah,
Date of Joining : Scratch my note West Bengal
Identification Mark : -711310

Ritam Biswas
Signature of the Employee

Signature of the Authorized Signatory
(With Name and Seal)

(For Office Use only)

Entry for Mr./Ms./Mrs. _____ S/o D/o W/o Shri _____
has been made in the Register at Plot no 20 & 21, Sector 135, Noida
Uttar Pradesh at Sr. No. _____ at page No. _____ Now. Mr/Ms./Mrs. _____
is allowed to get entry in M/s. Seaview Developers Private Limited
(Special Economic Zone) by showing his Permanent Identity Card.

(Signature of Development Commissioner)

FORM 11(Revised)
(FOR UNEXEMPTED ESTABLISHMENTS ONLY)
THE EMPLOYEES' PROVIDENT FUNDS SCHEME, 1952 (Paragraph-34)
AND
THE EMPLOYEES' FAMILY PENSION SCHEME, 1971 (Para 19)

Declaration by a person taking up employment in an establishment in which the Employees' Provident Fund and Family Pension Scheme are in Force

I RITAM BISWAS ✓ son/wife/daughter of Shri/Smt. Kristina Chandra Biswas

do hereby solemnly declare that :

- (a) I was last employed in M/s. _____ (Name and full address of the establishment)
 and left service on _____ Period to that I was employee _____
 from date _____ to _____
- *(b) I was a member of _____ Provident Fund *and also/*but not of
 the Family Pension Fund from _____ to _____ and account number(s)
 was/were _____
- *(c) I have / have not withdrawn the amount of my Provident Fund / Family Pension Scheme.
- *(d) I have / have not drawn any benefits in respect of my past service from any employer.
- *(e) I have never been a member of any Provident Fund and / or Family Pension Scheme.
- *(f) I am drawing / not drawing Pension under EPS 95.
- *(g) I am a holder / not holder of scheme certificate.
- *(h) Scheme certificate surrendered / not surrendered.

Date : 12/7/21

Ritam Biswas
 Signature if right/left hand thumb
 impression of the employee

(To be filled in by the employer only when the person employed has not already
 been member of the Employees' Provident Fund)

Shri/Smt. _____ (Name of the employee) is
 appointed as _____ (Designation) in M/s. _____
 Name of the Factory/Establishment) with effect from _____ (Date of appointment).

Date: _____

Signature of the employer or Manager
 or other or other authorised officer

*(1) Strike out whichever is not applicable
 N.B. : The principal employer should have filled it up also in respect to be employed by through contractor.



Declaration Form

(To be retained by the Employer for future reference)

Employees' Provident Fund Organization

THE EMPLOYEES' PROVIDENT FUNDS SCHEME, 1952 (PARAGRAPH-34 & 57)

&

THE EMPLOYEES' PENSION SCHEME, 1995 (PARAGRAPH-24)

**DECLARATION BY A PERSON TAKING UP EMPLOYMENT IN AN ESTABLISHMENT ON WHICH EMPLOYEES' PROVIDENT FUND SCHEME, 1952 AND/OR EMPLOYEES' PENSION SCHEME, 1995 IS APPLICABLE,
(PLEASE GO THROUGH THE INSTRUCTIONS)**

1) NAME (TITLE)

| | | |
|---|------------------------------|-------------------------------|
| <input checked="" type="checkbox"/> MR. | <input type="checkbox"/> MS. | <input type="checkbox"/> MRS. |
| (PLEASE TICK) | | |

| | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|
| R | I | T | A | M | B | I | S | W | A | S | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |

2) DATE OF BIRTH

| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|
| 1 | 2 | 0 | 5 | 1 | 9 | 9 | 6 |

3) FATHER'S/
HUSBAND'S NAME

MR.

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|--|---|---|---|---|---|---|
| K | R | I | S | H | N | A | | C | H | A | N | O | R | A | | B | I | S | W | A | S |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |

4) RELATIONSHIP IN RESPECT OF (3) ABOVE

(PLEASE TICK)

| | |
|-------------------------------------|---------|
| FATHER | HUSBAND |
| <input checked="" type="checkbox"/> | |

5) GENDER

(PLEASE TICK)

| | | |
|-------------------------------------|--------|-------------|
| MALE | FEMALE | TRANSGENDER |
| <input checked="" type="checkbox"/> | | |

6) MOBILE NUMBER
(IF ANY)

8 2 4 0 2 3 5 1 5 9

7) EMAIL ID (IF ANY)

R i t a m . B i s w a s 2 0
2 0 @ g m a i l . c o m

8) WHETHER EARLIER A MEMBER OF THE EMPLOYEES' PROVIDENT FUND SCHEME, 1952?

(PLEASE TICK)

YES

NO

9) WHETHER EARLIER A MEMBER OF THE EMPLOYEES' PENSION SCHEME, 1995?

(PLEASE TICK)

YES

NO

IF RESPONSE TO ANY OR BOTH OF (8) & (9) ABOVE IS YES, THEN **MANDATORILY** FILL UP THE PREVIOUS EMPLOYMENT DETAILS AT (10,11&12):

A. PREVIOUS EMPLOYMENT DETAILS

10) THE DETAILS OF THE UNIVERSAL ACCOUNT NUMBER (UAN) OR PREVIOUS PF MEMBER ID:

UAN

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|

OR

PREVIOUS PF MEMBER ID

| REGION CODE | OFFICE CODE | ESTABLISHMENT ID | EXTENSION | ACCOUNT NUMBER |
|-------------|-------------|------------------|-----------|----------------|
| | | | | |

11) DATE OF EXIT FOR PREVIOUS MEMBER ID (DD/MM/YYYY)

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
| | | | | | | | |

12) (A) IF SCHEME CERTIFICATE ISSUED FOR PREVIOUS EMPLOYMENT, THEN SCHEME CERTIFICATE NUMBER:

(B) IF PENSION PAYMENT ORDER (PPO) ISSUED FOR PREVIOUS EMPLOYMENT, THEN PPO NUMBER:

B. OTHER DETAILS13) INTERNATIONAL WORKER
(PLEASE TICK)

| | |
|-----|----|
| YES | No |
| | ✓ |

IF THE REPLY TO (13) ABOVE IS YES, THEN ENTER THE DETAILS IN 13(a), 13(b) & 13(c):

13(A) COUNTRY OF ORIGIN (Please Tick)

| | |
|-------|---|
| INDIA | OTHER THAN INDIA (If Yes, Please Mention Name of the Country) |
| | |

13(B) PASSPORT NUMBER

13(C) PASSPORT VALID FROM

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
| | | | | | | | |

To

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
| | | | | | | | |

14) EDUCATIONAL QUALIFICATION
(PLEASE TICK)

| ILLITERATE | NON-MATRIC | MATRIC | SENIOR SECONDARY | GRADUATE | POST GRADUATE | DOCTOR | TECHNICAL/ PROFESSIONAL |
|------------|------------|--------|------------------|----------|---------------|--------|-------------------------|
| | | | | | ✓ | | |

15) MARITAL STATUS
(PLEASE TICK)

| | | | |
|---------|-----------|----------------|----------|
| MARRIED | UNMARRIED | WIDOW/ WIDOWER | DIVORCEE |
| | ✓ | | |

16) SPECIALLY ABLED
(PLEASE TICK)

| | |
|-----|----|
| YES | No |
| | ✓ |

| IF YES, TICK THE CATEGORY | | |
|---------------------------|--------|---------|
| LOCOMOTIVE | VISUAL | HEARING |
| | | |

| 17) KYC DETAILS | KYC DOCUMENT TYPE | NAME AS ON KYC DOCUMENT | NUMBER | REMARKS, IF ANY |
|-----------------|--------------------------------|-------------------------|-----------------|-----------------|
| | BANK ACCOUNT-1* | RITAM BISWAS | 400910110005351 | BK100004009 |
| | NPR/AADHAAR | Ritam Biswas | 420687994800 | |
| | PERMANENT ACCOUNT NUMBER (PAN) | RITAM BISWAS | BZAPB7055A | |
| | PASSPORT | | | EXPIRY DATE |
| | DRIVING LICENCE | | | EXPIRY DATE |
| | ELECTION CARD | Ritam Biswas | AZQ1921428 | |
| | RATION CARD | | | |
| | ESIC CARD | | | |

* Mandatory Field (Note: BANK ACCOUNT NUMBER (ALONG WITH IFSC CODE) IS MANDATORY. YOU ARE HOWEVER ADVISED TO PROVIDE ALL KYC DOCUMENTS AVAILABLE WITH YOU IN ADDITION TO MANDATORY KYCs TO AVAIL BETTER SERVICES. SELF-ATTESTED PHOTOCOPIES OF THE DOCUMENTS MUST BE ATTACHED WITH THIS FORM.

C. UNDERTAKING:

- A. I CERTIFY THAT ALL THE INFORMATION GIVEN ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.
- B. IN CASE, EARLIER A MEMBER OF EPF SCHEME, 1952 AND/OR EPS, 1995,
 - (I) I HAVE ENSURED THE CORRECTNESS OF MY UAN/ PREVIOUS PF MEMBER ID.
 - (II) THIS MAY ALSO BE TREATED AS MY REQUEST FOR TRANSFER OF FUNDS AND SERVICE DETAILS IF APPLICABLE FROM THE PREVIOUS ACCOUNT AS DECLARED ABOVE TO THE PRESENT P.F. ACCOUNT. (THE TRANSFER WOULD BE POSSIBLE ONLY IF THE IDENTIFIED KYC DETAILS APPROVED BY PREVIOUS EMPLOYER HAS BEEN VERIFIED BY PRESENT EMPLOYER USING HIS DIGITAL SIGNATURE CERTIFICATE).
 - (III) I AM AWARE THAT I CAN SUBMIT MY NOMINATION FORM THROUGH UAN BASED MEMBER PORTAL.

DATE: 12/7/21
PLACE: Noida

Ritam Biswas
SIGNATURE OF MEMBER

DECLARATION BY PRESENT EMPLOYER

- A. THE MEMBER Mr./Ms./Mrs. HAS JOINED ON AND HAS BEEN ALLOTTED PF MEMBER ID
.....
- B. IN CASE THE PERSON WAS EARLIER NOT A MEMBER OF EPF SCHEME, 1952 AND EPS, 1995:
 - (POST ALLOTMENT OF UAN) THE UAN ALLOTTED FOR THE MEMBER IS
 - PLEASE TICK THE APPROPRIATE OPTION:
THE KYC DETAILS OF THE ABOVE MEMBER IN THE UAN DATABASE
 - HAVE NOT BEEN UPLOADED
 - HAVE BEEN UPLOADED BUT NOT APPROVED
 - HAVE BEEN UPLOADED AND APPROVED WITH DSC
- C. IN CASE THE PERSON WAS EARLIER A MEMBER OF EPF SCHEME, 1952 AND EPS, 1995:
 - THE ABOVE MEMBER ID OF THE MEMBER AS MENTIONED IN (A) ABOVE HAS BEEN TAGGED WITH HIS/HER UAN/PREVIOUS MEMBER ID AS DECLARED BY MEMBER.
 - PLEASE TICK THE APPROPRIATE OPTION:-
 THE KYC DETAILS OF THE ABOVE MEMBER IN THE UAN DATABASE HAVE BEEN APPROVED WITH DIGITAL SIGNATURE CERTIFICATE AND TRANSFER REQUEST HAS BEEN GENERATED ON PORTAL.
 AS THE DSC OF ESTABLISHMENT ARE NOT REGISTERED WITH EPFO, THE MEMBER HAS BEEN INFORMED TO FILE PHYSICAL CLAIM (FORM-13) FOR TRANSFER OF FUNDS FROM HIS PREVIOUS ESTABLISHMENT.

DATE:

SIGNATURE OF EMPLOYER WITH SEAL OF ESTABLISHMENT



बैंक ऑफ इंडिया

हावरा शाखा

हावरा पश्चिम बंगाल - 711109

IFSC : BKID0004009

BANK OF INDIA

HOWRAH Branch

HOWRAH, WEST BENGAL - 711101

VALID FOR THREE MONTHS FROM THE DATE OF ISSUE

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|

D D M M Y Y Y Y

Pay

रुपये Rupees

Canceled

अदा करें।

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खा. सं.
A/c No.

400910110005351

PAYABLE AT ALL OUR BRANCHES IN CLEARING

Ritam Biswas

RITAM BISWAS

Please sign above

000000 7 7000 130251 0100 19 10



भारत सरकार
Unique Identification Authority of India

Enrolment No.: 2834/09160/13242

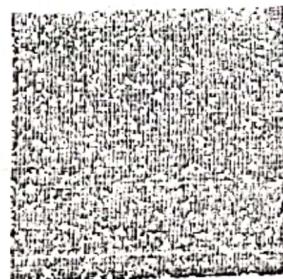
Download Date: 02/11/2019

Generation Date: 11/10/2019

To
Ritam Biswas
S/O Krishna Chandra Biswas
Gloster Limited Staff Quarter
Bauria
Near Hooghly River
Fort Gloster
Haora West Bengal - 711310
9674974858

Signature valid

Digital signature of
UNIQUE IDENTIFICATION
AUTHORITY OF INDIA 04
Date: 2019-10-12 20:41:07
IST



QR Code with Photograph

आपका आधार क्रमांक / Your Aadhaar No. :

4206 8799 4800
VID : 9123 0833 5827 0273

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India

Ritam Biswas
Date of Birth/DOB: 12/05/1996
Male/ MALE

Ritam Biswas

4206 8799 4800

VID : 9123 0833 5827 0273

मेरा आधार, मेरी पहचान



सरकारी प्रमाणपत्र

Government of India



AADHAAR

सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- पहचान का प्रमाण ऑनलाइन ऑथेंटिकेशन द्वारा प्राप्त करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- To establish identity, authenticate online.
- This is electronically generated letter.

- आधार देश भर में मान्य है।
- आधार भविष्य में सरकारी और गैर-सरकारी सेवाओं का लाभ उठाने में उपयोगी होगा।
- Aadhaar is valid throughout the country .
- Aadhaar will be helpful in availing Government and Non-Government services in future .

Ritam Biswas



भारतीय विशिष्ट पहचान प्राप्तिकरण
Unique Identification Authority of India

Address:
S/O Krishna Chandra Biswas, Gloster
Limited Staff Quarter, Near Hooghly
River, Bauria, Fort Gloster, Haora,
West Bengal - 711310



QR Code with Photograph

4206 8799 4800

VID : 9123 0833 5827 0273



help@uidai.gov.in

www.uidai.gov.in



ভারতের নির্বাচন কমিশন

পরিচয় পত্র

ELECTION COMMISSION OF INDIA
IDENTITY CARD

AZQ1921428



নির্বাচকের নাম : রিতম বিশ্বাস

Elector's Name : Ritam Biswas

পিতার নাম : কৃষ্ণ চন্দ্র বিশ্বাস

Father's Name : Krishna Chandra Biswas

লিঙ্গ/Sex : পুরুষ / M

জন্ম তারিখ : 12/05/1996

Date of Birth

AZQ1921428

ঠিকানা:

১০, ফোর্ট গ্লোস্টার, উলুবেড়িয়া, বাউড়িয়া,
হাওড়া-৭১১৩১০

Address:

10, FORT GLOSTER, ULUBERIA, BAURIA,
HOWRAH-711310

Date: 18/12/2019

১৭৬ - উলুবেড়িয়া পূর্ব নির্বাচন ক্ষেত্রের নির্বাচক নির্বাচন
আধিকারিকের থাকরের অন্তর্ভুক্ত

Facsimile Signature of the Electoral
Registration Officer for
176 - Uluberia Purba Constituency

176 - Uluberia Purba Constituency
ঠিকানা পরিবর্তন হলে নতুন ঠিকানায় ভোটার লিস্টে নাম
কেলান ও একই নথের নতুন সচিত্র পরিষ্কার পাওয়ার
জন্য নির্বাচক ফর্মে এই পরিচয়পত্রের নম্বরটি উল্লেখ করুন।

In case of change in address mention this Card No. _____
in the relevant Form for including your name in the
roll at the changed address and to obtain the card
with same number
190 / 1291

Ritam Biswas

Ritam Biswas

In case this card is lost / found, kindly inform / return to :

Income Tax PAN Services Unit, UTIITSL
Plot No. 3, Sector 11, CBD Belapur,
Navi Mumbai - 400 614.

इस कार्ड के खोने/पाने पर कृपया सूचित करें/लौटाएं :

आयकर पैन सेवा यूनिट, यूटी आई आई टी एस एल,
प्लाट नं: ३, सेक्टर ११, नवी मुंबई-४०० ६१४,

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

RITAM BISWAS

KRISHNA CHANDRA BISWAS

12/05/1996

Permanent Account Number

BZAPB7055A

Ritam Biswas

Signature



Ritam Biswas