**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>

            <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>

                        <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 premisis/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 compulsary)

            </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>

                <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>

                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 ;

}