

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

Assessing officer (AO code)

| Area code | | | AO type | | Range code | | | AO No. | |
|-----------|--|--|---------|--|------------|--|--|--------|--|
| | | | | | | | | | |

Signature/Left Thumb Impression

Shri Smt. Kumari M/s

[illegible][illegible]

Shri Smt. Kumari M/s

[illegible]

☐ Male ☐ Female

Day Month Year

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

Middle Name

[illegible]

Middle Name

[illegible]

(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)*

Town / City / District

[illegible]

Country Name

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

Town / City / District

[illegible]

Country Name

[illegible]

(Please tick as applicable)

| | |
|----------|--|
| Email ID | |
|----------|--|

☐ Government

☐ Individual ☐ Hindu undivided family ☐ Company ☐ Partnership Firm ☐ Association of Persons
☐ Trusts ☐ Body of Individuals ☐ Local Authority ☐ Artificial Juridical Persons ☐ Limited Liability Partnership

[illegible]

If AADHAAR number is not allotted, please mention the enrolment ID of Aadhaar application form

Name as per AADHAAR letter/card or as per the Enrolment ID of Aadhaar application form

Business/Profession code

Please select, ☒ as applicable

Capital Gains

Income from Other sources

| | |
|--|-----------|
| | No income |
|--|-----------|

Full name, address of the Representative Assessee, who is assessable under the Income Tax Act in respect of the person, whose particulars have been given in the column 1-13.

Please select title, ☒ as applicable

Shri Smt. Kumari M/s

Last Name / Surname

First Name

Middle Name

Address

Flat / Room / Door / Block No.

Name of Premises / Building / Village

Road / Street / Lane/Post Office

Area / Locality / Taluka/ Sub- Division

Town / City / District

State / Union Territory

Pincode

| | | | |
|--------------------|--|-----------------------|--|
| I/We have enclosed | | as proof of identity, | |
|--------------------|--|-----------------------|--|

| | | |
|-------------------------|--|----------------------------|
| as proof of address and | | 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 _____, the applicant, in the capacity of _____

do hereby declare that what is stated above is true to the best of my/our information and belief.

Place :

Date :

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

Signature / Left Thumb Impression of Applicant (inside the box)