

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

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

Only  
'Individuals'  
to affix recent  
photograph  
(3.5 cm x  
2.5 cm)

**Sign / Left Thumb impression  
across this photo**

I/We give below necessary particulars:

Signature / Left Thumb Impression

Please select title, ☒ as applicable ☐ Shri ☐ Smt. ☐ Kumari ☐ M/s

[illegible][illegible][illegible][illegible]

Please select title, ☒ as applicable ☐ Shri ☐ Smt. ☐ Kumari ☐ M/s

[illegible][illegible][illegible]

Day Month Year

1	3	0	1	1	9	9	9
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☐ Yes ☐ No (please tick as applicable)

**Father's Name (Mandatory except where mother is a single parent and PAN is applied by furnishing the name of mother only)**

[illegible][illegible][illegible]

**Mother's Name (optional except where mother is a single parent and PAN is applied by furnishing the name of mother only)**

[illegible][illegible][illegible]

Select the name of either father or mother which you may like to be printed on PAN card (*Select one only*)

☐ 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 the mother only).

## Residence Address

[illegible][illegible][illegible][illegible][illegible]

Pincode / Zip code

Country Name

Odisha	7	5	1	0	1	5	India
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<b>Office Address</b>	
Name of office	
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 / Zip code      Country Name
<b>8 Address for Communication</b>	<input type="checkbox"/> <b>Residence</b> <input type="checkbox"/> <b>Office</b> (Please tick as applicable)
<b>9 Telephone Number &amp; Email ID details</b>	
Country code	Area/STD Code      Telephone / Mobile number
+ 9 1	9 8 5 3 1 7 4 1 0 0
Email ID	kumardash1@gmail.com
<b>10 Status of applicant</b>	
Please select status, <input checked="" type="checkbox"/> as applicable	
<input type="checkbox"/> Individual	<input type="checkbox"/> Hindu undivided family <input type="checkbox"/> Company <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Government
<input type="checkbox"/> Trusts	<input type="checkbox"/> Body of Individuals <input type="checkbox"/> Local Authority <input type="checkbox"/> Artificial Juridical Persons <input type="checkbox"/> Association of Persons
<input type="checkbox"/> Limited Liability Partnership	
<b>11 Registration Number (for company, firms, LLPs etc.)</b>	
<b>12 In case of a person, who is required to quote Aadhaar number or the Enrolment ID of Aadhaar application form as per section 139 AA</b>	
Please mention your AADHAAR number (if allotted) d j h d v f b h n k f d	
If AADHAAR number is not allotted, please mention the enrolment ID of Aadhaar application form	
Name as per AADHAAR letter or card or as per the Enrolment ID of Aadhaar application form	
c d j h g d h j f k d l f	
<b>13 Source of Income</b> Please select, <input checked="" type="checkbox"/> as applicable	
<input type="checkbox"/> Salary	<input type="checkbox"/> Capital Gains
<input type="checkbox"/> Income from Business / Profession      Business/Profession code      [For Code: Refer instructions]	<input type="checkbox"/> Income from Other sources
<input type="checkbox"/> Income from House property	<input type="checkbox"/> No income
<b>14 Representative Assessee (RA)</b>	
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.	
<b>Full Name (Full expanded name : initials are not permitted)</b>	
Please select title, <input checked="" type="checkbox"/> as applicable <input type="checkbox"/> Shri <input type="checkbox"/> Smt. <input type="checkbox"/> Kumari <input type="checkbox"/> M/s	
Last Name / Surname	
First Name	
Middle Name	
<b>Address</b>	
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	
<b>15 Documents submitted as Proof of Identity (POI), Proof of Address (POA) and Proof of Date of Birth (POB)</b>	
I/We have enclosed cgdhjvbhc as proof of identity, dkjbhjdvdv as proof of address and dfhuygdhdf 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]	
<b>16</b> I/We sljfhgvhbdj, the applicant, in the capacity of self do hereby declare that what is stated above is true to the best of my/our information and belief.	
Place :	
Date :	
	Signature / Left Thumb Impression of Applicant (inside the box)