

Application for Allotment of Permanent Account Number

[In the case of Indian Citizens/Indian Companies/Entities incorporated in India/

Unincorporated entities incorporated in India]

Under section 139A of the Income Tax Act, 1961

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



Assessing officer (AO code)

Area code	AO type	Range code	AO No.
G U J	- W	3 0 9	- - 3

Signature/Left Thumb
impression

Sir, I/We hereby request that a permanent account number be allotted to me/us.

I/We give below necessary particulars :

Appl. Verify

1351453431

Signature/Left Thumb impression

1 Full Name (Full expanded name to be mentioned as appearing in proof of identity/address documents: initials are not permitted)

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

Last Name / Surname

First Name

Middle Name

VASAVA
PRIYANKABEN
KALPESHBHAI

2 Abbreviation of the above name, as you would like it, to be printed on the PAN card

VASAVA PRIYANKABEN KALPESHBHAI

3 Have you ever been known by any other name?

☐ Yes☒ No

(Please tick as applicable)

If yes, please give that other name

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

Last Name / Surname

First Name

Middle Name

VASAVA
NARANBHAI
VAJIRBHAI

4 Gender (for Individual applicants only)

☐ Male☒ Female

(Please tick as applicable)

5 Date of Birth/Incorporation/Agreement/Partnership or Trust Deed/Formation of Body of Individuals or Association of Persons

Day

Month

Year

20

02

1994

6 Father's Name (Only 'Individual' applicants: Even married women should fill in father's name only)

Last Name / Surname

First Name

Middle Name

VASAVA
NARANBHAI
VAJIRBHAI

7 Address

Residence 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 / Zip code

Country Name

G54 PATELNAGAR ORBHANNAFARM
ANKLESHWAR
ONGC COLONY
ANKLESHWAR
BHARUCH

Gujarat

393010

India

Office Address

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

8 Address for Communication

☒ Residence☐ Office

(Please tick as applicable)

9 Telephone Number & Email ID details

Country code

Area/STD Code

Telephone / Mobile number

Email ID

10 Status of applicant

Please select status, ☒ as applicable☐ Government☒ Individual☐ Hindu undivided family☐ Company☐ Partnership Firm☐ Association of Persons☐ Trusts☐ Body of Individuals☐ Local Authority☐ Artificial Juridical Persons☐ Limited Liability Partnership

11 Registration Number (for company, firms, LLPs, etc.)

12 In case of a citizen of India, then

Please mention your AADHAAR number (if allotted)

13 Source of income

Please select status, ☒ as applicable☐ Salary☐ Income from Business / Profession

Business / Profession code

(For Code Refer instructions)

☐ Income from House property☐ Capital Gains☐ Income from Other sources☒ No income

14 Representative Assessee (RA)

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.

Full Name (Full expanded name: initials are not permitted)

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

15 Documents submitted as Proof of Identity (POI) and Proof of Address (POA)

I/We have enclosed

Adhar Card

as proof of identity and

Adhar Card

as proof of address.

(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)

16 I/We

Vasavee Anandkumar Anandkumar

, the applicant, in the capacity of

Indrani

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

Place

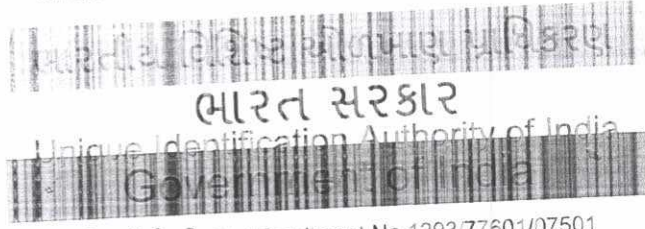
Date

D D M M Y Y Y Y

PSA CODE : 1GJ7

मिडि डे असावा

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



નોંધણીની ઓળખ / Enrollment No 1293/77601/07501

To,
વસાવા પ્રિયંકાબેન કલ્પેશભાઈ
Vasava Priyankaben Kalpeshbhai
C - 54
Patel Nagar 2
Opp Bhavna Form Rajpipla Chokdi
Anklesvar
O.n.g.c. Colony Anklesvar Bharuch
Gujarat 393010

Ref: 9535 / 07C / 2888637 / 2888738 / P



SE38105106FT



તમારો આધાર નંબર / Your Aadhaar No. :

5347 3045 1554

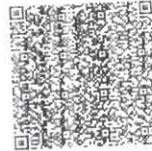
આધાર - સામાન્ય માણસનો અધિકાર



ભારત સરકાર
Government of India



વસાવા પ્રિયંકાબેન કલ્પેશભાઈ
Vasava Priyankaben Kalpeshbhai
જન્મ તારીખ / DOB : 20/02/1994
સ્ત્રી / Female



5347 3045 1554

આધાર - સામાન્ય માણસનો અધિકાર



સરકાર ઓફ ઇન્ડિયા
GOVERNMENT OF INDIA



નિર્દેશ

- અધાર ઓળખાણનું પ્રમાણ છે, નાગરિકતાનું નહિ.
- ઓળખાણનું પ્રમાણ ઓનલાઈન ઓથેન્ટિકેશન દ્વારા પ્રાપ્ત કરો.

INFORMATION

- Aadhaar is proof of identity, not of citizenship.
- To establish identity, authenticate online.

07C / 2886637

- અધાર દેશભરમાં માન્ય છે.
- અધાર ભવિષ્યમાં સરકારી અને બિન-સરકારી સેવાઓનો લાભ મેળવવામાં ઉપયોગી થશે.
- Aadhaar is valid throughout the country.
- Aadhaar will be helpful in availing Government and Non-Government services in future.



ભારતીય વિશિષ્ટ ઓળખાણ પ્રાધિકરણ
Unique Identification Authority of India

સરનામું: સી - 54, પટેલ નગર 2, ભાવના
ફોર્મ સામે, રાજપીપલા ચોકડી, અંકલેશ્વર,
ભરૂચ, ઓ.એન.સી. કોલોની, ગુજરાત,
393010

Address: C - 54, Patel Nagar 2, Opp
Bhavna Form, Rajpipa Chokdi, Anklesvar,
Bharuch, C.n.g.c. Colony, Gujarat, 393010

5347 3045 1554

1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

ભારતનું ચૂંટણી પંચ
ચોક્કસ પત્ર
ELECTION COMMISSION OF INDIA
IDENTITY CARD
WDA2170843



નારના નામ : વસાવા પ્રિયંકાબેન

Electors Name : Vasava Priyankaben

પતિનું નામ : કલ્પેશભાઈ

Husband's Name : Kalpeshbhai

જાતિ / Sex : સ્ત્રી / Female

જન્મ તારીખ / Date of Birth : 20/02/1994

for...

WDA217084:

સરનામું : સી/પટ, પટેલ નગર-૨, ગડખોલ-૧૧,
અંકલેશ્વર-૩૯૩૦૧૦,
તા.-અંકલેશ્વર, જિ.-ભરૂચ

Address: C-54, Patel Nagara-2,
Gadkhol-11,
Ankleshwar-393010,
Tal. Ankleshwar, Dist.-Bharuch



[Handwritten signature]

Date : 07/04/2014

154-અંકલેશ્વર વિધાનસભા મતવિસ્તારમાં
મતદાર નોંધણી અધિકારીની સંમતિ અનુક્રમે

For 154-Ankleshwar Constituency
Facsimile Signature of the
Electoral Registration Officer

સરનામું બદલવાથી, નવા સરનામા પર
મતદારવાદીમાં નામ દાખલ કરાવવા તથા તે
સરનામા ઉપર આ નંબરનું કાર્ડ મેળવવા માટે
સંબંધિત ફોર્મ સાથે આ કાર્ડ નંબર અવશ્ય લખવો.

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 the same number.