

090027176

Application for Allotment

[In the case of Indian Citizens/

Unincorporated

Under section

559267335

Account Number

Companies incorporated in India/

[India]

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

Assessing officer (AO code)

100025000

Area code	AO type	Range code	AO No.
G U J	W	1 2 1	1

Sign/ Left Thumb impression across this photo

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:

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

SOSA

First Name

SAGAR

Middle Name

BAVCHANDBHAI



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

SOSA SAGAR BAVCHANDBHAI

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

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

22 07 1994

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

Last Name / Surname

SOSA

First Name

BAVCHANDBHAI

Middle Name

KALUBHAI

7 Address

Residence Address

Flat / Room / Door / Block No.

SHANTI NAGAR

Name of Premises / Building / Village

GHETI

Road / Street / Lane/Post Office

PLOT VISTAR GHETI

Area / Locality / Taluka/ Sub- Division

PALITANA

Town / City / District

BHAYNAGAR

State / Union Territory

Pincode / Zip code

Country Name

GUJARAT

364 265

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

91

77789 28482

Email ID

10 Status of applicant

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

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

12 Please mention your AADHAAR number (if allotted)

948530591279

13 Source of Income

☐ Salary☐ Income from Business / Profession

Business/Profession code

[For Code: Refer instructions]

☐ Income from House propertyPlease select, ☒ as applicable☐ 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), Proof of Address (POA) and Proof of Date of Birth (DOB)

I/We have enclosed Aadhar card as proof of identity,Aadhar cardas proof of address and Aadhar card 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 Sasen Sagar B., 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 :

Bharmajer

Date :

21 MAY 2015

D D M M Y Y Y Y

21 05 2015

RECEIVED

21 MAY 2015

PAN SERVICE CENTRE
AVNAGAR, IGJB 204

S. b. S. S. S.

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



ભારતીય વિશિષ્ટ ઓળખાણ પ્રાધિકરણ

ભારત સરકાર
Unique Identification Authority of India
Government of India

નોંધણીની ઓળખ / Enrollment No 1104/60243/19037

To,
સોસા સાગર બાવચંદભાઈ
Sosa Sagar Bavchandbhai
S/O: Sosa Bavchandbhai
shantinagar
plot vistar
Gheti
Gheti Palitana Bhavnagar
Gujarat 364265
9723084320

Ref: 208 / 19J / 352564 / 352964 / P



SH416652615FT



તમારો આધાર નંબર / Your Aadhaar No. :

9485 3059 1279

આધાર - સામાન્ય માણસનો અધિકાર



ભારત સરકાર
Government of India



સોસા સાગર બાવચંદભાઈ
Sosa Sagar Bavchandbhai
જન્મ તારીખ / DOB : 22/07/1994
પુરુષ / Male



9485 3059 1279

આધાર - સામાન્ય માણસનો અધિકાર



નિર્દેશ

- આધાર ઓળખાણનું પ્રમાણ છે, નાગરિકતાનું નહિં .
- ઓળખાણનું પ્રમાણ ઓનલાઈન ઓથેન્ટિકેશન દ્વારા પ્રાપ્ત કરો .

INFORMATION

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

191 / 352564

- આધાર દેશભરમાં માન્ય છે .
- આધાર 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 પ્રાધિકાર
Unique Identification Authority of India

સરનામું: S/O: સોસા ભાવચંદભાઈ,
શાંતિનગર, પ્લોટ વિસ્તાર, ઘેટી, ઘેટી,
ભાવનગર, ગુજરાત, 364265

Address: S/O: Sosa Bavchandbhai,
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Bhavnagar, Gujarat, 364265

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1947
1800 300 1947

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