



PAN CARD PROCESSING FEE 559267328

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ccount Number ities incorporated in India/ n India]

ct, 1961

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

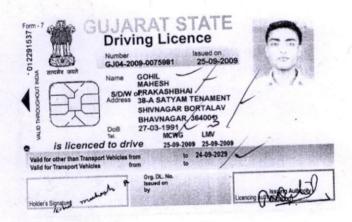
Assessing officer (AO code)

153176709

. 4	Area code	AO type	Range co	oue	AO No.		
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The state of the state of						Cohi	I mulesh P.
						W	
I/We hereby request		account number be	allotted to me/us	S.			
e give below necessa	ary particulars:						Signature/Left Thumb Impression
Full Name (Full exp	anded name to be	e mentioned as app	pearing in prod	of of identif	ty/address do	cuments: ir	nitials are not permitted)
Please select title,	as applicable	Shri	Smt.	Kumari	M/s		
Last Name / Surname	e	GOHT	4				
First Name		MAHE	SH				
Middle Name		PRAKI		HAI		111	
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Have you ever beer		ther name?	Yes	No		(p	lease tick as applicable)
If yes, please give that o		Ch-i	7 cmt	Kumari	□M/a		
Please select title,		Shri	Smt.	Kumari	M/s	111	
Last Name / Surname	е						
First Name							
Middle Name							
Gender (for Individual	ual applicants onl	y) \	Male	Femal	e	(p	lease tick as applicable)
Date of Birth/Incorp	oration/Agreeme	nt/Partnership or 1	rust Deed/ For	mation of	Body of indiv	iduals or as	sociation of Persons
Day Month	Year						
27 03	1991						
Father's Name (Onl	y 'individual' appl	icants : Even mari	ied women sh	ould fill in	father's name	only)	
Last Name / Surname		6041					
First Name	•	DRAK	AC H Q	HAT			
Middle Name		CHAM	TTRU	AT			
		SIMMIN	7 7 10 11	11 1			
Address							
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Town / City / District		RHAN	VAGA				
State / Union Territor			ncode / Zip code			ountry Nam	
GUJR	m	3	6400	13		INDI	-1
Office Address						TIT	
Name of office	lasti Na						
Flat / Room / Door / B							
Name of Premises / B							
D 1101	ost Office			19			
Road / Street / Lane/F							
Area / Locality / Taluka	a/ Sub- Division			1			
Area / Locality / Taluka Town / City / District							
Area / Locality / Taluka		Pir	ncode / Zip code	9	C	ountry Name	е

9 Telephone Number & Email ID det	ails															
Country code Area		Telephone / Mobile number														
		09	8	9	84	8	99	2	8							
Email ID													ŧ			
10 Status of applicant																
Please select status, as applica	able		9								E		Govern	nment		
Individual Hindu und	divided family	Compan	у			Pa	rtnersh	nip Fir	m			_ A	Associa	ation o	of Per	sons
Trusts Body of Ir	ndividuals	Local Au	thority	,		Art	tificial .	Juridio	cal Pe	rsons	3		imited	I Liabi	lity Pa	rtnersh
11 Registration Number (for compan	y, firms, LLPs etc.)														7
2 Please mention your AADHAAR nu	imber (if allotted)							70								
						1										
3 Source of Income								T.			Plea	se si	elect,	1	as app	olicable
Salary												Сар	ital Ga	ains		
Income from Business / Profession	Business/Prof	fession code	9	10	[For	Code	e: Refe	r inet	nuctio	nel			ome fro		her so	urcee
	Dubinoson 101	10331011 0001	. 6	+-] [101	Oodi	o. Noic	11100	ructio	110]					101 30	urces
Income from House property												No i	income	9		
4 Representative Assessee (RA)	tativa Assassas wi	ho le sesses	ible u	ndor	the Inc	omo	Toy A	at in s		+ of +		****	uhaa		inularia	a have
Full name, address of the Represent been given in the column 1-13.	lative Assessee, wi	io is assess	ible u	nuer	the inc	ome	Tax A	St III I	espec	t or ti	ne per	rson,	wnos	e part	icular	s nave
Full Name (Full expanded name :	initials are not per	mitted)														-
Please select title, 🗸 as applicable	Shri	Smt.	Г	K	umari	I	M/s									
Last Name / Surname				Ī							I					
First Name																
Middle Name																
Address																
Flat / Room / Door / Block No.						-										
Name of Premises / Building / Village	е		G Z		51	1		1								
Road / Street / Lane/Post Office				1			No.	15								
Area / Locality / Taluka/ Sub- Divisio	n															
Town / City / District																
State / Union Territory		Pincode														
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5 Documents submitted as Proof of	Identity (POI). Pro	of of Addre	ss (P((AC	and Pr	oof c	of Date	of B	irth (I	00B)						
7	1	٨		-		-					1	1.		~	2	
I/We have enclosed	ining	y coys				6	Ju		in	8	1	CC	281	UC		
as proof of address and	riving,	Licer	10	pr	oof of d	late o	of birth.		-							
[Please refer to the instructions (as	specified in Rule 11	4 of I.T. Rul	es, 19	962)	for list	of ma	andator	y cer	tified	docur	nents	to b	e subr	mitted	as ap	plicab
[Annexure A, Annexure B & Annexure	C are to be used wh	erever applie	cable]									0				
6 INVE GOLDE Mah	108h P.	, the a	pplica	nt. in	the ca	pacit	v of		5,2	(30	10	5			
do hereby declare that what is state	d above is true to the								1	-0	_	17	1			
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Date : 2 0 5 2 0	CENT	RE -		Sign	ature /	Left 1	Thumb	Impre	ession	of i	Applic	cant ((inside	the b	ox)	
	- 714 21	962 1														

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