

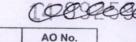
Application To [In the case of Indian C

CESSING Count Number les incorporated in India/

Under section

To avoid mistake (s), please follow the chassessing officer (AO code)

Area code



AO type Range code W 2 Sir, I/We hereby request that a permanent account number be allotted to me/us. थंट सिन लारी. सम I/We give below necessary particulars: 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 KHUNT Last Name / Surname SANDIPBHAI First Name MAUJIBHAI Middle Name 2 Abbreviations of the above name, as you would like it, to be printed on the PAN card KHUNT SANDIPBHAI Have you ever been known by any other name? Yes LINO If yes, please give that other name Please select title, \( \sqrt{\text{as applicable}} \) Smt. Kumari M/s Last Name / Surname First Name Middle Name Gender (for Individual applicants only) Male Female (please tick as applicable) Date of Birth/Incorporation/Agreement/Partnership or Trust Deed/ Formation of Body of individuals or association of Persons Day Month 15/05/1988 15 05 988 6 Father's Name (Only 'individual' applicants : Even married women should fill in father's name only) KHUNT Last Name / Surname MAVJIBHAI First Name NANJIBHAI Middle Name 7 Address Residence Address Flat / Room / Door / Block No. MANVILAS Name of Premises / Building / Village MANVILAS Road / Street / Lane/Post Office SANDHKHAKHRA GARIADHAR Area / Locality / Taluka/ Sub- Division BHAVNAGAR Town / City / District State / Union Territory Pincode / Zip code Country Name GUJRAT DVDIA Office Address

State / Union Territory Address for Communication

Flat / Room / Door / Block No. Name of Premises / Building / Village Road / Street / Lane/Post Office Area / Locality / Taluka/ Sub- Division

Name of office

Town / City / District

Residence

Pincode / Zip code

Office

Country Name

(Please tick as applicable)

9 Telephone Number & Email ID details		_	elephone / Mob	sile number		
Country code Area/STD		-111-	8 7 8	7789		
		9 4 2	0 7 0	1777		
Email ID .	17.2	W/ALLE			JONE CONTE	
10 Status of applicant					F	
Please select status, as applicable					Governm	nent
	п По	ompany		Partnership Firm	Associa	tion of Persons
Individual Hindu undivided					a Limited	Liability Partnership
Trusts Body of Individu	ials Lo	ocal Authori	ty	Artificial Juridical	Persons	Clability Partiers ap
11 Registration Number (for company, firm	ns, LLPs etc.)					
12 Please mention your AADHAAR number	r (if allotted)			to the same		
6956005213	3 8		инчи	1 1 1 2		
13 Source of Income					Please select,	√ as applicable
					Capital Ga	iins
Salary		Г		Code: Refer instruc	ctions] Income fro	om Other sources
Income from Business / Profession	Business/Professi	ion code	[For C	Jode: Relef Institut		
Income from House property					No income	<b>a</b>
A						
Full name, address of the Representative been given in the column 1-13.	Assessee, who is	s assessible	under the Inco	ome Tax Act in res	pect of the person, whos	e particulars nave
Full Name (Full expanded name : initia	ils are not permitt	ted)				
Please select title, as applicable	Shri	Smt.	Kumari	M/s		
Last Name / Surname						
First Name						+++
Middle Name						
Address			10 9 11	CALL COL		
Flat / Room / Door / Block No.						
Name of Premises / Building / Village				14612		-
Road / Street / Lane/Post Office			7 4 4	9 11		+++
Area / Locality / Taluka/ Sub- Division			57415		++++	+++
Town / City / District						
State / Union Territory	Pi	ncode				
			A.A.A.	( (D-t(Di-	th (DOP)	
15 Documents submitted as Proof of Iden	ntity (POI), Proof				th (DOB)	
I/We have enclosed Aelkay Ca	10cl	as pr	oof of identity,	Adler	card	
as proof of address and Ael held	can			date of birth.		
[Please refer to the instructions (as spec	cified in Rule 114 o	of I.T. Rules	s, 1962) for list	of mandatory cert	ified documents to be su	bmitted as applicable
[Annexure A, Annexure B & Annexure C a	re to be used where	ever applica	ble]			
16 INVE Khunt Sandipadrin	7		olicant, in the ca		self	
do hereby declare that what is stated at	pove is true to the	best of my/o	our information	and belief.		
RECE	IVED					
Place: Blernsey	¥ 2015 €					
D D M M Y Y Y	Y N		in	2 21R-10	. म्हार . एए	
Date: 210530	TOE CENTR	E			ession of Applicant (insi	de the box)
BHAVNAG	AL 150B 204					





ભારતીય વિશિષ્ટ ઓળખાણ પાધિકરણ

## ભારત સરકાર Unique Identification Authority of India Government of India

નોંધણીની ઓળખ / Enrollment No.: 1116/35248/25827

To
บุ่ว น่ะในผเช มเฉชดเชี
Khunt Sandiphhai Mavjibhai
manvilas
Manvilas
Sandhkhakhara
Gariadhar Bhavnagar
Gujarat 364275
9 2428787789

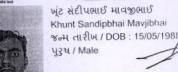
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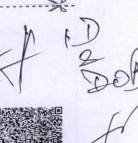
તમારો આધાર નંબર / Your Aadhaar No. :

6956 0052 1338

આધાર – સામાન્ય માણસનો અધિકાર

ભારત સરકાર Government of India





6956 0052 1338

આધાર – સામાન્ય માણસનો અધિકાર

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## लिहेश

- આધાર ઓળખાણનું પ્રમાણ છે, નાગરિકતાનું નહિં.
- ઓળખાણનું પ્રમાણ ઑનલાઈન ઑથેન્ટિકેશન દ્વારા પ્રાપ્ત કરો.

## INFORMATION

- Aadhaar is proof of identity, not of citizenship.
- To establish identity, authenticate online .
- આધાર દેશભરમાં માન્ય છે .
- આધાર ભવિષ્યમાં સરકારી અને બિન-સરકારી સેવાઓનો લાભ મેળવવામાં ઉપયોગી યશે .
- Aadhaar is valid throughout the country .
- Aadhaar will be helpful in availing Government and Non-Government services in future .



लारतीय विशिष्ट जोगाणास पाधि हरस Unique Identification Authority of India

માનવીલાસ, માનવિલાસ, સંઘખાખરા, manvilas, Manvilas, ભાવનગર, ગારીયાધાર, ગુજરાત, 364275

Address: Sandhkhakhara, Bhavnagar, Gariadhar, Gujarat, 364275

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