

## Application for Allotment of Permanent Account Number

[In the case of Indian Citizen]

Unincorporated

Under section 139A

To avoid mistake(s), please follow the instructions

Entities incorporated in India/

in India]

Income Tax Act, 1961

and examples before filling up the form



Assessing officer (AO code)

Area code	AO type	Range code	AO No.
0403	-4	309	u

Sign your name and left thumb impression across this photo

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

I/We give below necessary particulars :

Appl. Verify

1351453449

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

V	A	S	A	V	A														
S	U	M	I	T	R	A	B	E	N										
S	U	K	A	B	H	A	T												

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

S	U	M	I	T	R	A	B	E	N										
S	U	K	A	B	H	A	T												
V	A	S	A	V	A														

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
04	04	1995

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

Last Name / Surname

First Name

Middle Name

V	A	S	A	V	A														
S	U	K	A	B	H	A	T												
J	E	T	H	A	B	H	A	T											

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

## 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 &amp; Email ID details

Country code

Area/STD Code

Telephone / Mobile number

Email ID

## 10 Status of applicant

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

☐ Salary☐ Income from Business / Profession

Business / Profession code

(For Code:Refer instructions)

☐ Income from House propertyPlease select status, ☒ 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) and Proof of Address (POA)

I/We have enclosed

AADHAAR CARD

as proof of identity and

AADHAAR 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

VASAVA SUMITRABEN SUKADHAT

Support Team

the applicant, in the capacity of

INDIVIDUAL

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

Place

16 MAY 2015

Date

D D M M Y Y Y Y

PSA CODE : 1GJ 7375

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

सुमित्रा बेन



ભારતીય વિશિષ્ટ ઓળખાણ પ્રાધિકરણ

ભારત સરકાર  
Unique Identification Authority of India  
Government of India

નોંધણીની ઓળખ / Enrollment No 1088/75407/02010

To,  
વસાવા સુમિત્રાબેન  
Vasava Sumitraben  
W/O: Vasava Sukabhai  
vasava faliyu  
Kapodra  
Kapodra  
Kapodra Anklesvar Bharuch  
Gujarat 393001  
9879851997

Ref: 11828 / 13C / 3668735 / 3668769 / P



SE555387279FT



તમારો આધાર નંબર / Your Aadhaar No. :

**9031 6909 4225**

આધાર - સામાન્ય માણસનો અધિકાર



ભારત સરકાર

Government of India



વસાવા સુમિત્રાબેન  
Vasava Sumitraben  
જન્મ તારીખ / DOB : 04/04/1995  
સ્ત્રી / Female



**9031 6909 4225**

આધાર - સામાન્ય માણસનો અધિકાર





