



Application for Allotment of Permanent Account Number
[In the case of Indian Citizens/Foreigners incorporated in India/Under section 139A of the Income Tax Act, 1961]
PAN CARD PROCESSING FEE 85⁰⁰
559267328
To avoid mistake (s), please follow the accompanying instructions and examples before filling up the form

Assessing officer (AO code)

153176709

Area code	AO type	Range code	AO No.
G U J	W	1 2 0	2

Gohil mahesh P.

Signature/Left Thumb Impression

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

GOHIL

First Name

MAHESH

Middle Name

PRAKASHBHAI

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

MAHESH PRAKASHBHAI GOHIL



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
27 03 1991

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

Last Name / Surname

GOHIL

First Name

PRAKASHBHAI

Middle Name

SHAMTIBHAI

7 Address

Residence Address

Flat / Room / Door / Block No.

38-A

Name of Premises / Building / Village

SATYAM TENAMENT

Road / Street / Lane/Post Office

SHIVNAGAR

Area / Locality / Taluka/ Sub- Division

BORTALAV

Town / City / District

BHAVNAGAR

State / Union Territory

GUJARAT

Pincode / Zip code

364003

Country Name

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 Please mention your AADHAAR number (if allotted)

13 Source of Income

Please select, ☒ as applicable☐ Salary☐ Capital Gains☒ Income from Business / ProfessionBusiness/Profession code [For Code: Refer instructions]☐ Income from Other sources☐ Income from House property☐ 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 as proof of identity,as proof of address and 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 , the applicant, in the capacity of

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

Place :

Date :

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

RECEIVED

21 MAY 2015

D D M M Y Y Y Y

TAX SERVICE CENTRE

204

Form - 7
012291537
VALID THROUGHOUT INDIA
सत्यमेव जयते

GUJARAT STATE
Driving Licence

Number
GJ04-2009-0075981

Issued on
25-09-2009

Name
GOHIL
MAHESH

S/DW of
PRAKASHBHAI

Address
38-A SATYAM TENAMENT
SHIVNAGAR BORTALAV
BHAVNAGAR 364002

DoB
27-03-1991

Tel.
MCWG LMV

is licenced to drive
25-09-2009 25-09-2009

Valid for other than Transport Vehicles from
Valid for Transport Vehicles from

to 24-09-2023

Holder's Signature
mahesh

Org. DL. No.
Issued on
by

Licensing Authority

↑ ID, adrs
2
DOB
Jus