

Application for Allotment of Permanent Account Number

[In the case of Indian Citizen]

Unincorporated

Under section

To avoid mistake(s), please follow the

562355635

CANCELLED

PAN CARD

PROCESSING

FEE

Entities incorporated in India/

d in India]

Tax Act, 1961

and examples before filling up the form

Assessing officer (AO code)

Area code	AO type	Range code	AO No.
05 09 03	- W	3 0 9	2

this photo

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

I/We give below necessary particulars :

Appl. Verifv

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.☐ Kudu

Last Name / Surname

First Name

Middle Name

P	A	T	E	L															
H	E	M	U	B	E	N													
R	A	M	U	B	H	A	I												

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

P	A	T	E	L															
H	E	M	U	B	E	N													
R	A	M	U	B	H	A	I												

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

0	1																		
0	1																		
1	9	7	6																

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

Last Name / Surname

First Name

Middle Name

P	A	T	E	L															
R	A	M	A	N	B	H	A	I											
A	M	B	A	L	A	L													

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

GUJARAT

393001

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☒ 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 property

Please 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

PATEL HEMUBEN RAMUBHAI

Development Support Team
Ankleshwar

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

Date

PSA CODE : 1GJ 73756

ચરિત્ર હસ્તાક્ષર ૨૫/૨

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



ભારત સરકાર

Government of India



પટેલ હેમુબેન રામુભાઈ

Patel Hemuben Ramubhai

જન્મ તારીખ / DOB : 01/01/1976

સ્ત્રી / Female



2563 3484 5276

આધાર – સામાન્ય માણસનો અધિકાર



સરનામું:

W/O: પટેલ રામુભાઈ, ગોલ્ડન બ્રિજ
પાસે, જૂના બોરભાઠા, બોરભાઠા બેટ,
ભરુચ, અંકલેશ્વર, ગુજરાત, 393001

ભારતીય વિશિષ્ટ ઓળખાણ પ્રાધિકરણ
Unique Identification Authority of India

Address:

W/O: Patel Ramubhai, Near
Golden Bridge, Juna borbhatha,
Borbhatha Bet, Bharuch,
Ankleshwar, Gujarat, 393001

2563 3484 5276



1947
1800 300 1947



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