

## Application for Allotment of Permanent Account Number

[In the case of Indian Companies/Entities incorporated in India/

Unincorporated Firms/Entities incorporated in India]

Under the Income Tax Act, 1961

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

**CANCELLED**  
**PAN CARD**  
**PROCESSING**  
**FEE**  
**562355632**



Sign/Left Thumb impression across this photo



Signature/Left Thumb impression

Assessing officer (AO code)

Area code	AO type	Range code	AO No.
K Y J	- W	3 0 9	3

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

I/We give below necessary particulars :

136267681  
App: Verity

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 ARMA  
 M ANOJ KUMAR  
 B AJRANG

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

V ARMA M ANOJ KUMAR B

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

01 01 1982

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 ARMA  
 B AJRANG  
 R ADHE

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

393010

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
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email ID		<input type="text"/>

## 10 Status of applicant

Please select status, ☒ as applicable

<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Hindu undivided family	<input type="checkbox"/> Company	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Government
<input type="checkbox"/> Trusts	<input type="checkbox"/> Body of Individuals	<input type="checkbox"/> Local Authority	<input type="checkbox"/> Artificial Juridical Persons	<input type="checkbox"/> Association of Persons
				<input type="checkbox"/> 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

<input type="checkbox"/> Salary	Please select status, <input checked="" type="checkbox"/> as applicable	
<input type="checkbox"/> Income from Business / Profession	Business / Profession code	<input type="checkbox"/> Capital Gains
<input type="checkbox"/> Income from House property	<input type="text"/> (For Code, Refer instructions)	<input type="checkbox"/> Income from Other sources
		<input checked="" type="checkbox"/> 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/sLast 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  as proof of identity and  as proof of address.

(Please refer to the instructions specified in Rule 114 of I.T. Rules, 1962 for list of mandatory certified documents to be submitted as 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

**AADHAR CARD**

**RECEIVED**

**Development Support Team**

**VARMA MANO KUMAR BAJARANG**

**16 MAY 2015**

**PSA CODE: 1GJ 737 56**

+ **मनो कुमार वर्मा**

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



ભારત સરકાર

Government of India



વર્મા મનોજ કુમાર

Varma Manoj Kumar

જન્મ તારીખ / DOB : 01/01/1982

પુરુષ / Male



8204 6598 5223

આધાર - સામાન્ય માણસનો અધિકાર

2-12-2013  
C-1449



ભારતીય વિશિષ્ટ ઓળખાણ પ્રાધિકરણ

Unique Identification Authority of India

સરનામું:

S/O: બજરંગ, ડી - 84, આનંદ  
વિકાર, ઓએનજીસી કોલોની ની  
પાછળ, ગડખોલ, અંકલેશ્વર, ભરૂચ,  
ઓ.એન.જી.સી. કોલોની, ગુજરાત,  
393010

Address:

S/O: Bajrang, D - 84, Anand Vihar,  
B/H ONGC Colony, Gadkhol,  
Anklesvar, Bharuch, O.n.g.c.  
Colony, Gujarat, 393010

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