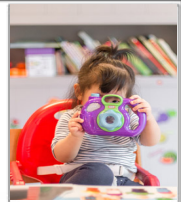


Request For New PAN Card Or/ And Changes Or Correction in PAN Data



Signature / Left thumb impression across this photo



Permanen Account Number (PAN)

--	--	--	--	--	--	--	--	--	--

Please read Instructions 'h' & 'i' for selecting boxes on left margin of this form.

- ☐ 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

G h o s h

First Name

L a l i t u

Middle Name

K u m a r

Name you would like it printed on the PAN card

L a l i t u G h o s h



Signature / Left thumb impression

- ☐ 2 Details of Parents (applicable only for Individual applicants)

Father's Name (Mandatory. Even married women should fill in father's name only)

Last Name / Surname

First Name

Middle Name

Mother's Name (optional)

Last Name / Surname

First Name

Middle Name

Select the name of either father or mother which you may like to be printed on PAN card (Select one only)

(In case no option is provided then PAN card will be issued with father's name)



Father's Name



Mother's Name

(Please tick as applicable)

- ☐ 3 Date of Birth/Incorporation/Agreement/Partnership/Trust Deed/ Formation of Body of individuals or Association of Persons

Day Month

Year

- ☐ 4 Gender (for 'Individual' applicant only)

☐ Male☒ Female☐ Transgender

(Please tick as applicable)

- ☐ 5 Photo Mismatch

- ☐ 6 Signature Mismatch

- ☐ 7 Address for Communication

☐ Residence☐ Office

(Please tick as applicable)

Name of Office (to be filled only in case of office 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

telangana

Pincode / Zipcode

Country Name

5 0 0 0 7 4

INDIA

- ☐ 8 If you desire to update your other address also, give required details In additional sheet.

- ☐ 9 Telephone Number & Email ID details

Country code

Area/STD Code

Telephone / Mobile number

+ 9 1

Email ID

- ☐ 10 AADHAAR number (if allotted)

Name as per AADHAAR letter/card

- ☐ 11 Mention other Permanent Account Numbers (PANs) inadvertently allotted to you

PAN 1

PAN 2

PAN 3

PAN 4

12 Verification

I/We **Ghosh**, the applicant, in the capacity ofI/We have enclosed ☐ (number of documents) in support of proposed changes / corrections

Place

HYDERABAD

Date

D D M Y Y Y Y

MYSELF

do hereby



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

Note: As per provisions of Section 272B of the Income Tax Act., 1961, a penalty of ` 10,000 can be levied on possession of more than one PAN.

Annexure -A

(Certificate to be used by a Member of Parliament/Member of Legislative Assembly/Municipal Councillor or Gazetted Officer under sub-rule (4) of rule 114 of the Income-tax Rules, 1962)



(To be attested by issuing authority with his/her signature & rubber stamp appearing half on the photograph and half on the certificate)

I hereby certify that I know Sh./Smt/Kum..**Laltu Kumar Ghosh..**
son/daughter of
and his/her personal particulars as given below are correct to the best of my knowledge and belief.
I recommend issue of PAN card by the Income-tax Department to him/her.

Name	Laltu Kumar Ghosh
Father's Name (even in case of married ladies father's name is to be provided)	
Date of Birth	//
Residence Address (if applicant has resided at more than one place during last one year then all such address with dates should be mentioned)	351 LPT Main Road LB Nagardistdist Hyd-500074
Office Address	
Previous Name (in case of change in name)	
Previous father Name	

Details of issuer of certificate

(Signature)

Office address with location: PHC THOGUTA MEDAK

Full Name: C ANKAIAH

Office Seal

Designation: MEDICAL OFFICIAR

Department/Organisation/Constituency: PHC

Date : //

Identity card No: 18-29324

Place: HYDERABAD

(Enclose a photocopy of I-card)

Telephone:

Mobile: +91 8978457478