

Application Form for Permanent Account Number (PAN) for Individuals
 (In the case of Indian Citizens, Indian Companies, Indian Partnership Firms, Indian Sole Proprietorship Firms, Indian Unincorporated entities formed in India/Foreign Companies, Foreign Partnership Firms, Foreign Sole Proprietorship Firms, Foreign Unincorporated entities formed in India)

यहाँ पर कंपनी ट्रस्ट या फर्म की मोहर लगेगी

यहाँ पर वह ao code अवश्य लिखें जो आपने ऑनलाइन फॉर्म submit करते समय भरा है

Only 'Individuals' to affix recent photograph (3.5 cm x 2.5 cm)

Only 'Individuals' to affix recent photograph (3.5 cm x 2.5 cm)

Assessing officer (AO code)

Area code	AO type	Range code	AO No.

Sign / Left Thumb impression across this photo

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

कंपनी ट्रस्ट फर्म पैन कार्ड में यहां पर उस व्यक्ति के हस्ताक्षर कराने होते हैं जसिको कंपनी ट्रस्ट फर्म में हस्ताक्षर की अथॉरिटी होती है

कंपनी ट्रस्ट फर्म पैन कार्ड में यहां पर last name में ही पूरा नाम डालना होता है जैसा सैपल form में डाला हुआ है यदि नाम बड़ा है तो बचा हुआ नाम नीचे में लिख दीजिए

कंपनी ट्रस्ट फर्म पैन कार्ड में यहां पर अवश्य करें

Signature / Left Thumb Impression

Positioned as appearing in proof of identity/date of birth/address documents: initials are not permitted

Shri Smt. Kumari M/s

Last Name / Surname
T E S T S E W V A S A M I T I

First Name

Middle Name

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

T E S T S E W V A S A M I T 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 Transgender (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

00 00 0000

यहाँ पर वह जन्मतथि आएगी जसि तारीख में कंपनी ट्रस्ट फर्म का रजिस्ट्रेशन हुआ है

6 Details of Parents (applicable only for individual applicants)

Whether mother is a single parent and you wish to apply for PAN by furnishing the name of your mother only?
 Yes No (please tick as applicable)

If yes, please fill in mother's name in the appropriate space provide below.

Father's Name (Mandatory except where mother is a single parent and PAN is applied by furnishing the name of mother only)

Last Name / Surname

First Name

Middle Name

Mother's Name (optional except where mother is a single parent) कंपनी ट्रस्ट फर्म पैन कार्ड में ये column नहीं भरी जाती है

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)
 Father's name Mother's name (Please tick as applicable)

(In case no option is provided then PAN card will be issued with father's name except where mother is a single parent and you wish to apply for PAN by furnishing name of the mother only).

7 Address कंपनी ट्रस्ट फर्म पैन कार्ड में Residence address नहीं भरा जाता है

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

यहाँ पर कंपनी ड्रस्ट फर्म के ऑफिस का नाम आएगा

यहाँ पर कंपनी ड्रस्ट फर्म के ऑफिस का address भरना होता है

Pincode / Zip code

Country Name

8 Address for Communication Residence Office

कंपनी ड्रस्ट फर्म पैन कार्ड में हा पर ✓ करे

9 Telephone Number & Email ID details

Country code

Area/STD Code

Telephone / Mobile number

Email ID

यहाँ पर मोबाइल नंबर और ईमेल आईडी अवश्य लिखें

10 Status of applicant

यहाँ पर जसि category का पैन कार्ड है उस पर अवश्य ✓ करे

Please select status, as applicable Individual Hindu undivided family Company Partnership Firm Government Association of Persons Trusts Body of Individuals Local Authority Artificial Juridical Persons Limited Liability Partnership**11 Registration Number (for company, firms, LLPs etc.)****12 In case of a person, who is required to quote Aadhaar number or the Enrolment ID of Aadhaar application form as per section 139 AA**

Please mention your AADHAAR number (if allotted)

If AADHAAR number is not allotted, please mention the enrolment ID of Aadhaar application form

Name as per AADHAAR letter or card or as per the Enrolment ID of Aadhaar application form

13 Source of Income

इनमें से किसी एक पर ✓ अवश्य करे

Please select, as applicable Salary Income from Business / Profession

Business/Profession code

[For Code: Refer instructions]

 Income from House property 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

यहाँ पर कंपनी फर्म या ड्रस्ट के पैन कार्ड में जो डॉक्यूमेंट लगा रहे हैं उस डॉक्यूमेंट का नाम यहाँ पर तीनों जगह भरना होता है जैसे यहाँ पर सैपल के तौर पर भर के दिखाया गया है

15 Documents submitted as Proof of Identity (POI), Proof of Address (POA) and Proof of Date of Birth (POB)I/We have enclosed **registration certificate** as proof of identity, **registration certificate**as proof of address and **registration certificate** 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]

[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 :

Sirsa

यहाँ पर कंपनी फर्म या ड्रस्ट के प्रबंधक का नाम और उसका पद लिखा जाता है

कंपनी ड्रस्ट फर्म पैन कार्ड में यहाँ पर उस व्यक्ति के हस्ताक्षर कराने होते हैं जिसको कंपनी ड्रस्ट फर्म में हस्ताक्षर की अर्थोरायि होती है

Date :

D D M M Y Y Y Y

यहाँ पर वह तारीख लिखी जाती है जिस तारीख को आप पैन कार्ड अपलोड कर रहे हैं

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