Checklist for PAN card – Bhavani Associates 9845120429 (ND)

| DO NOT FILL THE | APPLICATION JUST FILL THE FOLLOWING DATA IN A SEPARATE SHEET |
|--|---|
| Applicant name in expanded initials | |
| Applicant Father name in expanded initials | |
| Mobile Number | |
| Date of Birth | |
| Date of Birth Proof | SSLC/X Standard Marks Sheet or DL or Voter ID or Passport for address proof If NO DOB proof, provide another photo |
| Address Proof | AADHAR is MUST DL or Voter ID or Passport for address proof If NO address proof, provide another photo |
| 2 Photos | 2 Passport Size Photo- Sign on one photo DO NOT PASTE |
| Signatures | Sign INSIDE BOX in BLACK INK ONLY (on page 1 right hand side top and page 2 right hand side down) |

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

Town / City / District

State / Union Territory

Form No. 49A

Application for Allotment of Permanent Account Number [In the case of Indian Citizens/Indian Companies/Entities incorporated in India/ Unincorporated entities formed in India]

See Rule 114

Only 'Individuals' to affix recent photograph

| | (3.5 cm x | Т | o avoid mistak | ke (s), p | olease | e follo | ow th | ne acc | compa | anying | g instr | uctio | ns an | d exa | mpl | les befo | re filli | ng up | the f | orm | | | | | | (| (3.5 c | m x | |
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| | , Ve hereby request that | at a nermar | nent accou | nt nur | mbe | r he | alla e | lotte | d to | me/ | us | | | | | | | | | | | | | | | | | | |
| | Ve give below necess | | | | | | <i>-</i> u | | u 10 | 1110 | uo. | | | | | | | \vdash | | | Sig | natur | e / I | Left Th | umb I | mpre | ession | | |
| 1 | Full Name (Full ex | panded na | me to be n | nentio | one | d as | s ap | pea | ring | in _l | oroo | f of | ide | ntity | /da | ate of | birt | h/ad | ldre | ss d | ocu | mei | nts | : init | ials | are | not | pern | nitted |
| | Please select title, | ✓ as app | licable | | Shri | i | | | Smt | | Г | ¬κ | uma | ıri | Γ | М | /s | | | | | | | | | | | | |
| | Last Name / Surnar | me | | П | | | Γ. | \top | | | Т | Ī | | | Ė | T | | | | | | | | | | | Т | |] |
| | First Name | | | | | | | | | | | | | | | | | | | | | | | | T | Т | \dagger | \vdash | |
| | Middle Name | | | | | | | | | | | | | | | | | | | | | | | | † | T | \dagger | | |
| 2 | Abbreviations of t | the above i | name. as v | ou w | oul | d lil | ke i | t. to | be | prin | ted | on t | the I | PAN | ca | ard | | | | _ | | | <u> </u> | | | | | | J |
| | | T T | | | | T | | , | | | | | | T | | | T | T | T | T | Т | T | | | $\overline{}$ | $\overline{}$ | \equiv | 一 | \top |
| | | | | + | | $\frac{1}{1}$ | \dashv | | | + | | | + | + | | | | + | | | + | | | | + | \dashv | \dashv | + | |
| 3 | Have you ever bee | an known l | by any oth | or na | mo' | 2 | | \vdash | Ye | | | \vdash | No | | | | | | | | (nlo | 360 | tic | ck as | anr | lice | ablo | _ | |
| J | If yes, please give tha | | | ici ila | | • | | | | ,3 | | | | • | | | | | | | (pic | asc | · LIC | JK US | арр | Mice | abic, | | |
| | | | | | Shri | i | | | Smt | | | K | uma | ıri | | M | /s | | | | | | | | | | | | |
| | Last Name / Surnar | me | | П | | | | \Box | | | Τ | | | | Ė | T | | | | | | | | | Π | | Τ | | |
| | First Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | j |
| | Middle Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Gender (for Indivi | dual applic | ants only |) | | N | lale |) | | F | ema | ile | | | Ti | ransg | end | er | | | (ple | ase | tic | ck as | app | olica | able |) | |
| 5 | Date of Birth/Inco | rporation/A | Agreement | t/Part | ner | ship | р оі | r Tru | ıst C |)eed | d/ Fo | rma | atio | n of | Вс | ody o | f ind | ivid | uals | s or | Ass | ocia | atio | on of | Per | sor | าร | | |
| | Day Month | | Year | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Details of Parents | | _ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Whether mother is | a single pa | rent and yo | ou wis | sh to | ар | ply | for F | PAN | by f | urnis | shin | g the | e na | me | of yo | our n | oth | er o | nly? | | | | | | | | | |
| | | please tick | | , | | | | | | | | | | | | | | | | | | | | | | | | | |
| | If yes, please fill in Father's Name (Ma | | | • • | | | • | | | | | | ΔΝ | ie a | nn | liad h | w fu | rnic | hin | a th | n na | ma | ٥f | moti | her (| anly | (1) | | |
| | Last Name / Surnar | _ | xoopt wile | | | - | | Jg | ,.c p | | | | | .o u | PP | | , j . a | | | 9 | - 110 | | Ϊ. | | | J , | <u>''</u> | |] |
| | First Name | TIC . | | | | | | | | | | | | | <u> </u> | | | | | | | | | | \vdash | | + | \vdash |] |
| | Middle Name | | | | | | | | | | | | | | <u> </u> | | | | | | | | | | + | \vdash | + | H |] |
| | Mother's Name (o | ptional exc | cept where | ∟∟ mot | her | is a | a si | nale | par | ent | and | PA | │ N is | apr | lie | ed by | furr | ishi | ina ' | the i | nam | e o | ∟ f m | othe | r on | lv) | | |] |
| | Last Name / Surnar | • | | | | | | | | Π | | | | | T | | | | | | | | | | | ,, | Т | |] |
| | First Name | | | | | | | | | T | | | | | | | | | | | | | | | T | T | \top | | |
| | Middle Name | | | | $\overline{}$ | | | + | | | | | | | | + | | | | | | | | + | \vdash | | + | \vdash | |
| | Select the name of | either fathe | er or mothe | r whi | ch y | ou i | may | y like | to b | be p | rinte | d or | ⊥ า PA | N ca | ard | l I (Sel€ | ct o | ne c | ∟ nly) | | | <u> </u> | | | | | | | J |
| | Father's name | | Mother's n | ame | · | (| Ple | ase | tick | as a | pplic | cabl | e) | | | , | | | | | | | | | | | | | |
| | (In case no option i | | | card v | vill b | e is | ssue | ed w | ith fa | athe | r's n | ame | e ex | cept | wł | here r | noth | er is | as | ingle | pa | rent | an | d you | ı wis | sh to | o app | oly fo | or PAN |
| 7 | Address | | , | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Residence Addres | ss | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Flat / Room / Door / | Block No. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Name of Premises / | Building / V | ïllage | | | | | | | | | | | | | | | | | | | | | | | | I | | |
| | Road / Street / Lane | /Post Office | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Area / Locality / Talu | ıka/ Sub- Div | vision | | | | | | | | | | | | Γ | | | | | | | | | | | | T | |] |

Pincode / Zip code

Country Name

| | Office Address | | | | | | | | | | | | | | | | | | _ | _ | | _ | _ | | _ | | _ | |
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| | Name of office | | Ш | | | | | | | | | | | | | | | | | | L | | | \perp | \perp | \perp | | |
| | Flat / Room / Door / Block No. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | Town / City / District | | | | | | | | | | | | | | | | | | | | | | | | \top | | | |
| | State / Union Territory | | · | | Р | inco | de / | Zip | COC | le_ | _ | | Coı | untr | y Na | me | _ | _ | _ | <u> </u> | _ | _ | | | | | _ | |
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| 8 | Address for Communication | | | | Ť | T | Res | side | nce | | | | Г | C | Offic | е | | | (I | Pleas | se ti | ck a | as a | laaı | ica | ble) |) | |
| 9 | Telephone Number & Email ID details | | | | | _ | | | | | | | _ | | | • | | | ٠, | | | | | .66. | | , | | |
| | Country code Area/STD C | | | | | T | elep | hon | e/N | Mobi | ile nı | umb | er | | | | | | | | | | | | | | | |
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| | Email ID | | | | | L | | | | | | | | | | | | | | ٦ | | | | | | | | |
| 10 | Status of applicant | | | | | | | | | | | | | | | | | | | _ | | | | | | | | |
| 10 | Please select status, \checkmark as applicable | | | | | | | | | | | | | | | | | | | Г | _ | ^ | | | | | | |
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| | Individual Hindu undivid | led fa | mily | | Щ | Co | mpa | iny | | | | | Pai | rtne | rship | Fir | m | | | Ĺ | | Ass | ocia | ation | of | Per | son | IS |
| | Trusts Body of Indivi | iduals | 3 | | | Loc | cal A | uth | ority | | | | Arti | ificia | al Ju | ridic | al F | ers | ons | L | | Lim | ited | Lial | bilit | у Ра | artn | ership |
| 11 | Registration Number (for company, fi | rms, | LLPs | s et | c.) | | | | | | | | | | | | | | | | | | | | | | | |
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| 12 | In case of a person, who is required t | o quo | ote A | adh | naar | nur | nbe | r or | the | Eni | rolm | ent | ID c | of Aa | adha | aar | арр | lica | tior | fori | n as | s pe | rs | ectio | on ' | 139 | AA | |
| | Please mention your AADHAAR number | r (if al | lotted | (b | | | | | | | | | | | | | | | | | | | | | | | | |
| | If AADHAAR number is not allotted, plea | ase m | entio | n th | ne er | rolr | nen | t ID | of A | adh | aar a | appl | catio | on fo | orm | | | 1 | _ | _ | 1 | | _ | | | | _ | |
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| 13 | Source of Income | | | | | | | | | | | | | | | | | | | | | | | | a | s an | n li | aabla |
| l — | 1 | | | | | | | | | | | | | | | | | | | Pie | ise : | sele | ect, | ✓ | u | | piid | cable |
| | Salary | | | | | | | | | _ | 1 | | | | | | | | | Piea | | s <i>ere</i> pital | , | | | | piid | capie |
| | Salary Income from Business / Profession | Bus | siness | s/Pr | ofes | sior | n cod | de | | |] [F | or C | Code | e: Re | efer | inst | ructi | ons | | Piea | Са | pital | Ga | | ı | | | |
| | 1 | Bus | siness | s/Pr | ofes | sior | n cod | de | | |] [F | or C | Code | e: Re | efer | inst | ructi | ons | | Piea | Ca Inc | pital | Ga fro | ins om C | ı | | | |
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