Request For New PAN Card Or/	And Changes Or Correction in PAN Data
	For Pancard
	Purpose Only
Permanent	Account Number (PAN)
KRSF	DS1315D
Please read Instructions 'h' & 'i' fe	or selecting boxes on left margin of this form.
9.7	
Full Name (Full expanded name to be mentioned as appear	ing in proof of identity/address
documents: initials are not permitted)	ing in proof of identity/address A. Shur
Please select title, 🗸 as applicable 🗸 Shri 🗌 Smt	Kumari M/s Signature / Left thumb impression
Last Name / Surname SHIVA	
First Name ATHINARAPU	
Middle Name Name you would like it printed on the PAN card	
ATHIMARAPUSHIVA	
2 Details of Parents (applicable only for Individual applicants)	
Father's Name (Mandatory. Even married women should fill in	n father's name only)
Last Name / Surname KURUMAIAH First Name ATHINARAPU	
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 DAN cond (Calest one only)
(In case no option is provided then PAN card will be issued with fathe	
	ed/ Formation of Body of individuals or Association of Persons
Day Month Year	
	ala Esmala (Plassa tiek sa annilashia)
	ale Female (Please tick as applicable)
4 Gender (for 'Individual' applicant only)	ale Female (Please tick as applicable)
4 Gender (for 'individual' applicant only) 5 Photo Mismatch 6 Signature Mismatch	ale Female (Please tick as applicable) esidence Office (Please tick as applicable)
4 Gender (for 'Individual' applicant only) V 5 Photo Mismatch 6 Signature Mismatch 7 Address for Communication V	
4 Gender (for 'Individual' applicant only) M 5 Photo Mismatch 6 Signature Mismatch 7 Address for Communication M	esidence Office (Please tick as applicable)
4 Gender (for 'Individual' applicant only) 5 Photo Mismatch 6 Signature Mismatch 7 Address for Communication Name of Office (to be filled only in case of office address) Flat/Room/ Door / Block No. Name of Premises/ Building/Village	esidence Office (Please tick as applicable)
4 Gender (for 'individual' applicant only) 5 Photo Mismatch 6 Signature Mismatch 7 Address for Communication 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	esidence Office (Please tick as applicable)
4 Gender (for 'Individual' applicant only) 5 Photo Mismatch 6 Signature Mismatch 7 Address for Communication 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	esidence Office (Please tick as applicable)
4 Gender (for 'Individual' applicant only) 5 Photo Mismatch 6 Signature Mismatch 7 Address for Communication 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	esidence Office (Please tick as applicable) $D \not = N T$ $D \not = D $ $D \not = D$ $D \not = $
4 Gender (for 'Individual' applicant only) 5 Photo Mismatch 6 Signature Mismatch 7 Address for Communication 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	esidence Office (Please tick as applicable)
4 Gender (for 'individual' applicant only) M 5 Photo Mismatch 6 Signature Mismatch 6 Signature Mismatch 7 Address for Communication Name of Office (to be filled only in case of office address) R Flat/Room/ Door / Block No. 2 - 1 0 0 Name of Premises/ Building/Village THE R Road/Street/ Lane/Post Office U X Y A I Area / Locality / Taluka / Sub- Division NA JA I Town / City / District Y A JA I State / Union Territory P 8 If you desire to update your other address also, give require	esidence Office (Please tick as applicable) $D \not = N T$ $D \not = N T$
4 Gender (for 'Individual' applicant only) M 5 Photo Mismatch 6 Signature Mismatch 6 Signature Mismatch 7 Address for Communication Name of Office (to be filled only in case of office address) R E S I S Flat/Room/ Door / Block No. 2 - 1 0 0 Name of Premises/ Building/Village I H E R Road/Street/ Lane/Post Office U X X A I Area / Locality / Taluka / Sub- Division I A S A I Town / City / District Y A S A I State / Union Territory P 8 If you desire to update your other address also, give require 9 Telephone Number & Email ID detalls	esidence Office (Please tick as applicable) DENT DENT DALAPUR ALAPUR AWADA ZKURNODL ZKURNODL ZKURNODL Country Name SOA 209 INDIA d details In additional sheet.
4 Gender (for 'individual' applicant only) M 5 Photo Mismatch 6 Signature Mismatch 6 Signature Mismatch 7 Address for Communication Name of Office (to be filled only in case of office address) R Flat/Room/ Door / Block No. 2 - 1 0 0 Name of Premises/ Building/Village HESIS Road/Street/ Lane/Post Office U X Y A 1 Area / Locality / Taluka / Sub- Division M A SI A 1 Town / City / District Y A SI A 1 State / Union Territory P 8 If you desire to update your other address also, give require 9 Telephone Number & Email ID details	esidence Office (Please tick as applicable) DENT DENT DALAPUR DALAPUR AWADA ZKURNODL ZKURNO ZKURNO ZKURNODL ZKURNO
4 Gender (for 'individual' applicant only) M 5 Photo Mismatch 6 Signature Mismatch 6 Signature Mismatch 7 Address for Communication Name of Office (to be filled only in case of office address) R Flat/Room/ Door / Block No. 2 - 1 0 0 Name of Premises/ Building/Village HE R Road/Street/ Lane/Post Office U X Y A 1 Area / Locality / Taluka / Sub- Division M A 5 A 1 Town / City / District Y A 5 A 1 State / Union Territory P 8 If you desire to update your other address also, give require 9 Telephone Number & Email ID details Country code Area/STD Code Telephone	esidence Office (Please tick as applicable) DENT DENT DALAPUR AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA
4 Gender (for 'Individual' applicant only) 5 Photo Mismatch 6 Signature Mismatch 7 Address for Communication 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 8 If you desire to update your other address also, give require 9 Telephone Number & Email ID detalls Country code Area/STD Code Tail ID	esidence Office (Please tick as applicable) DENT DENT DALAPUR AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA
4 Gender (for 'Individual' applicant only) 5 Photo Mismatch 6 Signature Mismatch 7 Address for Communication 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 8 If you desire to update your other address also, give require 9 Telephone Number & Email ID detalls Country code Area/STD Code Temail ID ADTTHYARG2800TMALL. 10 AADHAAR number (if allotted) 39 Name as per AADHAAR letter/card	esidence Office (Please tick as applicable) DENT DENT DALAPUR AWADA AWADA AWADA AWADA AWADA Comment SOA 209 ECountry Name SOA 200 ECOUNTRY NAME SOA
4 Gender (for 'individual' applicant only) M 5 Photo Mismatch 6 Signature Mismatch 6 Signature Mismatch 7 Address for Communication Name of Office (to be filled only in case of office address) RESIN Flat/Room/ Door / Block No. 2 - 1 0 0 Name of Premises/ Building/Village THE RU Road/Street/ Lane/Post Office U Y Y AU Area / Locality / Taluka / Sub- Division MA STAL Town / City / District MA STAL State / Union Territory P 8 If you desire to update your other address also, give require 9 Telephone Number & Email ID details Country code Area/STD Code Telephone H G A ADTHYARG2600TMALL. 3 9	esidence Office (Please tick as applicable) DENT DENT DALAPUR AWADA AWADA AWADA AWADA AWADA Comment SOA 209 ECountry Name SOA 200 ECOUNTRY NAME SOA
4 Gender (for 'Individual' applicant only) 5 Photo Mismatch 6 Signature Mismatch 7 Address for Communication 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 8 If you desire to update your other address also, give require 9 Telephone Number & Email ID detalls Country code Area/STD Code Temail ID ADTTHYARG2800TMALL. 10 AADHAAR number (if allotted) 39 Name as per AADHAAR letter/card	esidence Office (Please tick as applicable) DENT DENT DALAPUR AWADA AWADA AWADA AWADA AWADA Comment SOA 209 ECountry Name SOA 200 ECOUNTRY NAME SOA
4 Gender (for 'individual' applicant only) M 5 Photo Mismatch 6 Signature Mismatch 6 Signature Mismatch 7 Address for Communication Name of Office (to be filled only in case of office address) R Flat/Room/ Door / Block No. 2 - 1 0 0 Name of Premises/ Building/Village HE R Road/Street/ Lane/Post Office U X Y A 1 Area / Locality / Taluka / Sub- Division MA 5) A 1 Town / City / District MA 5) A 1 State / Union Territory P 8 If you desire to update your other address also, give require 9 9 Telephone Number & Email ID detalls Q Country code Area/STD Code Telephone H G A ADT THYARG 28 OOT MALL . 10 AADHAAR number (if allotted) 39 Name as per AADHAAR letter/card 39 A S H I V A 39 11 Mention other Permanent Account Numbers (PANs) inadver	esidence Office (Please tick as applicable) DENT UR DANALAPUR AWADA
4 Gender (for 'Individual' applicant only) 5 Photo Mismatch 6 Signature Mismatch 7 Address for Communication 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 9 Telephone Number & Email ID details Country code Area/STD Code Temail ID ADT HYARQ 2& OTMALL . Name as per AADHAAR letter/card ASHT V/A 11 Mention other Permanent Account Numbers (PANs) inadver PAN 1	esidence Office (Please tick as applicable) DENT DENT DENT <td< th=""></td<>
4 Gender (for 'Individual' applicant only) 5 Photo Mismatch 6 Signature Mismatch 7 Address for Communication 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 9 Telephone Number & Email ID details Country code Area/STD Code Famil ID ADITHYARQ2&@OTMALL. Name as per AADHAAR letter/card AILINAR number (if allotted) Name as per AADHAAR letter/card AILINAR number (if allotted) Name as per AADHAAR letter/card AILINAR NUMBER & Email ID ADITHYARD AND AND AND AND AND AND AND AND AND AN	esidence Office (Please tick as applicable) DENT (Please tick as applicab
4 Gender (for 'individual' applicant only) 5 Photo Mismatch 6 Signature Mismatch 7 Address for Communication 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 9 Telephone Number & Email ID details Country code Area/STD Code Telephone Number & Email ID details Country code Area/STD Code Telephone Number & Email ID details Country code Area/STD Code Telephone Number (if allotted) 3/9 Name as per AADHAAR letter/card A SHIT VA A SHIT VA Yerification VWe HIT MSELF , the a declare that what is stated above is true to the best of my/output	esidence Office (Please tick as applicable) DENT DEN
4 Gender (for 'Individual' applicant only) 5 Photo Mismatch 6 Signature Mismatch 7 Address for Communication 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 9 Telephone Number & Email ID details Country code Area/STD Code Temail ID ADTCH/ARQ2&@DMALL. 10 AADHAAR number (if allotted) 3 HINAR number (if allotted) 3 HINAR number (if allotted) 11 Mention other Permanent Account Numbers (PANs) inadver PAN 1 [K]S]PS]13]15D PAN 2 [K]S PS]13 12 Verification I/We HINSELF Multi stated above is true to the best of my/ou I/We have enclosed (number of documents) in support of	esidence Office (Please tick as applicable) DENT DEN
4 Gender (for 'Individual' applicant only) M 5 Photo Mismatch 6 Signature Mismatch 6 Signature Mismatch 7 Address for Communication Name of Office (to be filled only in case of office address) R Flat/Room/ Door / Block No. 2 - 1 0 (2 Name of Premises/ Building/Village H Road/Street/ Lane/Post Office U Area / Locality / Taluka / Sub- Division M Town / City / District M State / Union Territory P 9 Telephone Number & Email ID detalls Q Country code Area/STD Code Telephone H ADDTHYARQ28@OTMALL. Mame as per AADHAAR letter/card 3 AISHIN / A 3 3 Name as per AADHAAR letter/card 3 Mame as per AADHAAR letter/card 3 Mame as per AADHAAR letter/card 3 Mare in the stated above is true to the best of my/ou UWe HISHINSE/F , the a declare that what is stated above is true to the best of my/ou IWe have enclosed (number of documents) in support of p Place MADIAX EURNOOC	esidence Office (Please tick as applicable) DENT (PUR UNDER AMALAPUR AMALAPUR AMADA AMALAPUR AMADA AMALAPUR AMADA AMALAPUR AMADA AMALAPUR AMADA AMALAPUR AMADA AMALAPUR AMADA AMALAPUR AMADA AMALAPUR AMADA AMALAPUR AMADA AMALAPUR AMADA AMALAPUR AMADA AMALAPUR AMADA AMALAPUR AMADA AMALAPUR AMADA AMADA AMADA AMADA AMADA AMADA AMALAPUR AMADA A
4 Gender (for 'Individual' applicant only) 5 Photo Mismatch 6 Signature Mismatch 7 Address for Communication 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 9 Telephone Number & Email ID details Country code Area/STD Code Temail ID ADTCH/ARQ2&@DMALL. 10 AADHAAR number (if allotted) 3 HINAR number (if allotted) 3 HINAR number (if allotted) 11 Mention other Permanent Account Numbers (PANs) inadver PAN 1 [K]S]PS]13]15D PAN 2 [K]S PS]13 12 Verification I/We HINSELF Multi stated above is true to the best of my/ou I/We have enclosed (number of documents) in support of	esidence Office (Please tick as applicable) DENT DEN







Changes Or Correction in PAN Data) (Physical Application)	
Received Rs. 107.00/- (incl of taxes) from: Application No./Coupon No.: PAN Number: Name as to be printed on PAN card: Gender Date of Birth/Incorporation Father's Name:	SHRI ATHINARAPU SHIVA U-Q011515497 xxxxx315D ATHINARAPU SHIVA MALE 15/06/1999 ATHINARAPU KURUMAIAH 0011515497
Aadhaar Number/EID Number: Name as per Aadhaar: Applicant's Contact details: Communication Address: RESIDENCE State: Proof of Identity: Proof of Address: Proof of DOB: PAN Proof: Date of Application: Mode of PAN Card: Payment Ref No: Payment Date:	XXXX-XXX-8481 (MENTIONED, MATCHED)* A SHIVA 9440830169/ADITHYAR928@GMAIL.COM RESIDENCE TELANGANA Voters ID card (In Copy) Voters ID card (In Copy) Voters ID card (In Copy) Voters ID card (In Copy) Voters ID card (In Copy) Copy of PAN Card 30/09/2023 17:24:17 Both physical PAN and e-PAN Card UTIILQIDI4279635213 / PY0113275356 30/09/2023
Application accepted with documentary proofs fo changes/correction in PAN record details for: PAN Service Center Code: ADITH4851 PAN Service Center Name: SRI VIDYA XEROX CENTER NET Center Contact Details: ADITHYAR928@GMAIL To know your PAN Application status, you may visit our website: <u>https://www.u</u> As per instruction from Income Tax Department, an authorized agency's agent submitted by you with the PAN application form. You are requested to ask authorized agency's agent	SRI VIDYA XEROX CENTER NET (Sign/Stamp) Received for submission to UTIITSL .COM / 8500523756

submitted by you with the PAN appoint solicited in this regard.