							000	750	750										1						_	
			ation	Nu	mbe	r A	096	/ 53	109	000	004	407	67		201	25	614	A A -	3							
		Payme	mt R	efer	ence									1 P	101	150	014	44	1							
	096753	759 Payme	nt D	ate:		16	6/07	7/202	24	Rs.	107	.00/	-			-		_				-		0.007	100	
App	lication Source: EV	VALLET - B48 - F	RAR	10	NLIN	NEP	SA	CO	MM	UN	CA	TIO	NS	S PV)		Apr	lica	tion	Date	:[16	5/07	/202	24
_	r Id: MINJA9307	User N	ame	·M	INJ	A93	807																			
3						_	_				T	nnl	lico	tion	3.4	odo	۰D	bye	ica	An	nlic	atio	n			
PA	N CARD MODE :	Both physical P	AN a	and	e-ŀ	'AN					-	hh	lica	lion	IAIC	Jue	. F	i iy s	sica		piic	auo		_	_	
								For					_			-								1	-	
	The	Ap In the case of	plica	ation	for	Alic	otme	ent of	Per	man		ACC Enti	tias	inc		er orat	ed ii	n In	diai							
		[in the case of	rina	lin	inco	orno	rate	d ent	ities	for	med	in l	ndia	al					010/							
						-		S	ee Ru	le 11	4													-	-/	8
	A - A	To avoid mis	takes,	pleas	e folio	w the	accor	npanyi	ng inst	tructio	ns an	d exa	mples	befor	e fills	ng up	the fo	1111					a let			
	The state	Assessing offic	er (A	10 c	ode																	X				AN IN
T.	tant 👻 🔥	Area code) typ		T	Pa	nge	cod	•	Т	4	O NO								j.				Net Co
-	To have		+		T	~	+			T		+	-	T	4							40	* R 1	14.		
	across this photo	PTN		W				3	0				9		4				-	-	-	-	-			
L																a-a-fire			6	U		21	20	110	40	1
Sir,	I/We hereby request	that a permanent Ac	cour	nt NU	mbe	r be	allot	ted to	me	us.														17 (00	1
IM	e give below necessa	ary particulars:														t			Sig	nature	e/Loft	Thum	o Impr	ressio	n	
1	Full Name (Full exp	banded name to be	men	tion	ed a	s ap	pear	ring i	n pro	oof	of id	entit	ty/a	ddre	ss (foci	Ime	nts:	init	ials i	are	not p	erm	itter	3)	
	Please select title,			Shr			Is		Г		uma		Г	M/:												
		d	K			T	_		T	1	T		F								Ŧ	T	1	Τ	l	7
	Last Name / Surnam	le				1	-			1	1		1								-		+	+	1	-
	First Name		Н	A	Ζ	R	A	-	-	1	-		-		-							-	-	+	+	1
	Middle Name								1												-		Ŀ		-	and the second
2	Abbreviations of th	e above name, as y	ou v	voui	d lik	e it,	to b	e pri	nted	on t	the F	AN	can	d									-ç		ł	
	HAZRA	KHAT	U	N																						
				-																						
3	Have you ever bee	n known by any oth	or n	ame	2	Г		Yes		~	No								(pie:	ise (ick	as aj	oplic	cabl	e)	
Ũ	If yes, please give that				•	L				-	_								(- 1	
	Please select title,			lshr	ń	Г		mt.	Г	٦ĸ	uma	ri		٦ _{M/3}	2											
	L.,			011	1	-	_	111.	- L	-	T		L	1003	- 1											-
	Last Name / Sumam	e				_	-+	_	-	-	1						_	_		ļ	-	-	1	-	_	_
	First Name		picereasons							1											-			ndoor (all sounds)		-
	Middle Name																						-		Contra State	
4	Gender (for Individ	ual applicants only	4			Г		Male		~	Fe	mai	e	Г	7	Trar	sge	nda		nies		ick a		onlie	able	a)
-	wonder frei marrie		,			L				<u> </u>	1		•	L	_	-						awa a	-0 -04	Anno	CELIC	1
5	Date of Birth/Incor	-							d/				5	Day) 1		10) 1		1	Therease	ear 9	0	1			
6	Details of Parents (a	of individuals or as						5					L				1	_		9	19	0	ļ			
·	Whether mother is a	single parent and you	wis	h to a	apply	for F	PAN	by fu	nish	ing ti	ne na	me	of y	ourn	noth	er o	nly?	Yes	-	No	V	(ple	ase	tick :	as ar	plicab
	If yes, please fill in m																-		L		-					
	Fathers's Name (Ma		1						it an	d PA	N is	app	lied	by f	umi	shin	ig th	e na	me	of m	othe	eron	ly)			
	Last Name / Sumam	e	A	-	the second	A	ĸ	1	+	-	-									_	_		1			
	First Name		D	A	U	D	_	_	-	-	-														1	
	Middle Name	ation of succession and succession	L						1	1						Ļ										
		ptional except when	em	June	r IS a	sin	gie	parer	nt an	a PA	IN is	app	piled	by	TUM	iishi	ng t	her	am	e of	mot	her c	niy)	1		
	Last Name / Sumam	e	-				-	-	-	-	+		-					La Constanti						-	1	-
	First Name		-				-		1	-	-					-										and a second
	Middle Name Select the name of c	ither father	L		1					1	1															
	Select the name of e	nuter latter or mothe	r wh	ich y	oun	ay I	ike t	obe	printe	ed or	n PA	N ca	rd (elect	one o	mty)										-7
	(In case no option is PAN by furnishing n	ame of the mother of	nhv)						rs n											ent a	nd y	ou w	tsh t	io ap	ply f	or
7	Address		iny)	2	Fa	ther	s na	me		M	othe	's N	lam	e d	leus	tick	as app	dical	de)							
	Residence Address	-	W/	A	R			NC		0	2		1						- 1	Т			-1-			
	Flat / Room / Door / B		and the owner where the	A	And in case of the	Concernant of		R	+	0	2		-		ana a	-		-					+	-	-	and the second s
	Name of Premises / E Road / Street / Lane/F		R	COLUMN STREET	and the second second	P	Contractory of the local division of the loc	and some statements	NI	0	D	-	LI		-							-	+	-	+	nnd
	Area / Locality / Taluk		F					s G				-	П		-	and the second		a vorus					+		maprocar	-
	Town / City / District	COL DINORULI	A			R		A	A	IN	J		-										-	-		1
	State / Union Territor	ry	1	IN	<u></u>			Ale/Z		de	1		1			6	unt-	h.				1	1			
		IHAR	and the second second			8	-		3		0	1		-			untry	-	Corruction and Advector			and taken a				
	Office Address					0	10	4	3	1	8	1				I	N	D		A						
	Name of office																		1		1		T	T	T	7
	Flat / Room / Door / E	Block No.								T	1							-	-	-	1	-	1	+	+	-
	Name of Premises / I														-					-		-	-	+	+	4
	Road / Street / Lane/					1	T		T	1			[-				1	1	+	+	+	+	1
			-	-	And Personne	and the second division of the second divisio	and the second diversion of th	the second second	The second second	-			<i>x</i>	1								1				

		the local distance in the second s														1947 - L A - L A - L	section in the section of the sectio
	Area / Locality Town / City / I	y / Tałuka/ Sub- Division District															
						TT		T									
		Communication				Residen		1		fice	a fan en an		Piezo	e tick	as appl	icable	
8		Communication	Is			esiden	CE	1		mee			(1 1000		an alain	ioubic	,
•			STD Code				Telephone	/ Mob	ile nui	nber							
	[9 1 0 6 4	1 5 5		9	2 6	3 5	7 8	3	4 0							
	Email ID	mdirshadfbg0000078	36@amai	il com													
10	Status of app		003.10														
10	Please selec		e										Г		/emmei	ni	
				_	-			_					L		enne	n	
	Individu:	al Hindu undiv	ided family		Com	pany		F	Partne	rship	Firm		L	Ass	ociation	n of Pe	rsons
	Trusts	Body of Ind	viduals		Loca	Autho	ity	A	rtificia	al Jurio	dical P	erson	s [Lim	ited Lia	bility P	artnership
11	Registration	Number (for company,	firms, LLP	s etc.)	-												
											11		11				
12	In Case of a	person, who is required	to quote A	adhaar	numi	ber/The	Enrolmer	t ID o	Aad	haar a	pplic	ation	form a	s per s	section	139A	A
	Please mentio	on your AADHAAR numbe	er (if allotted	3) 3	2 8	5	4 2 8	6	0	7 5	2						
	If AADHAAR	number is not allotted, ple	ase mentio	n the e	nroime	ent ID of	Aadhaar a	pplica	tion fo	rm							
												1					
	Name as per	AADHAAR letter/card or a	as per the E	Enrolme	nt ID c	f Aadha	ar applicat	ion for	m		the second second	and the second second	Entra Louis Sur Marian				
		F	AZI	RA	K	HA	TUI	V									
		Example of the second se			1					1		1		TI	11		
				++	+							1		11	11	-	
	6	•				1	<u>1</u> 1						Dian	se sele	4 17	1 26 24	oplicable
13	Source of					r.									Gains	jasa	piloabio
F	Salary		rom House	propert	y	Ľ	No inc						H	-			
L	-	m Business / Profession	Busines	ss/Profe	ssion	code		For Co	de: R	efer in	structi	ons]	Ш	Incom	e from (Other s	ources
14		ive Assessee (RA) ddress of the Representa	tive Assess	ee. who	is as	sessible	under the	Incom	e Tax	Act in	respe	ect of t	he per	rson, w	hose pa	articula	rs have
		n the column 1-13.															
	Full Name (Full expanded name : in	itials are n	ot perm	nitted)												
	Please selec																
	Lact Name /	t title, 🖌 as applicable	Sh	ri	s	mt.	Kuma	ri [M	s							
	Last manie /	i	Sh	ri	s	mt.	Kuma	ri [M	s							
	First Name	t title, 🖌 as applicable Surname	Sh	ri	s	mt.	Kuma	ri [M	s							
		Sumame	Sh		s	mt.	Kuma	ri [M	s							
	First Name	Sumame			s	mt.	Kuma	ri [M	S							
	First Name Middle Name Address	Sumame						ri [M	S							
	First Name Middle Name Address Flat / Room	Sumame				mt.			M	s							
	First Name Middle Name Address Flat / Room : Name of Pre	Sumame a / Door / Block No.								s							
	First Name Middle Name Address Flat / Room / Name of Pre Road / Stree	Sumame e / Door / Block No. mises / Building / Village t / Lane/Post Office		ri						s							
	First Name Middle Name Address Flat / Room / Name of Pre Road / Stree Area / Locali	Sumame / Door / Block No. mises / Building / Village t / Lane/Post Office ty / Taluka/ Sub- Division		ri						S							
	First Name Middle Name Address Flat / Room / Name of Pre Road / Stree Area / Locali Town / City /	Sumame A / Door / Block No. mises / Building / Village t / Lane/Post Office ty / Taluka/ Sub- Division District								S					Pince	ode	
15	First Name Middle Name Address Flat / Room / Name of Pre Road / Stree Area / Locali Town / City / State / Unior	Sumame Sumame A / Door / Block No. mises / Building / Village t / Lane/Post Office ty / Taluka/ Sub- Division District n Territory									Birth				Pince	ode	
15	First Name Middle Name Address Flat / Room / Name of Pre Road / Stree Area / Locali Town / City / State / Unior Documents s	Sumame Sumame A / Door / Block No. mises / Building / Village t / Lane/Post Office ty / Taluka/ Sub- Division District District Territory Submitted as Proof of Id	entity (POI), Proof		idress	(POA) and	Proo	i of D							ode	
15	First Name Middle Name Address Flat / Room / Name of Pre Road / Stree Area / Locali Town / City / State / Unior Documents a I/We have er	Sumame Sumame Door / Block No. mises / Building / Village t / Lane/Post Office ty / Taluka/ Sub- Division District Territory submitted as Proof of Id AADHAAF	entity (POI), Proof	i of Ac	idress as pro	(POA) and	Proof	I of DA	ate of				y UID,		ode	
15	First Name Middle Name Address Flat / Room / Name of Pre Road / Stree Area / Locali Town / City / State / Unior Documents a I/We have er	Sumame Sumame A / Door / Block No. mises / Building / Village t / Lane/Post Office ty / Taluka/ Sub- Division District District Territory Submitted as Proof of Id	entity (POI), Proof	i of Ac	idress as pro	(POA) and	Proof	I of DA	ate of				y UID,		ode	
15	First Name Middle Name Address Flat / Room / Name of Pre Road / Stree Area / Locali Town / City / State / Unior Documents a I/We have en as proof of a	Sumame Sumame Door / Block No. mises / Building / Village t / Lane/Post Office ty / Taluka/ Sub- Division District Territory submitted as Proof of Id AADHAAF	entity (POI), Proof sued b	i of Acc	idress as pro DAI	(POA) and of of identi as proof	Proof date	f of Da	ate of AAR	Carc	lissu	ed b		AI		applicable}
	First Name Middle Name Address Flat / Room / Name of Pre Road / Stree Area / Locali Town / City / State / Union Documents a I/We have er as proof of a [Please refer [Annexure A,	Sumame Sumame A Door / Block No. mises / Building / Village t / Lane/Post Office ty / Taluka/ Sub- Division District Territory submitted as Proof of Id hclosed AADHAAF ddress and AADHAAF to the instructions (as sp Annexure B & Annexure C	entity (POI R Card iss recified in R), Proof sued b	f of Ac	idress as pro DAI Rules, applicab	(POA) and of of identii as proof 1962) for e]	Proo	f of Da	ate of AAR	Carc	l issu	ed by	to be	AI		applicable}
	First Name Middle Name Address Flat / Room / Name of Pre Road / Stree Area / Locali Town / City / State / Union Documents a I/We have er as proof of a [Please refer [Annexure A,	Sumame 2 2 2 2 2 2 2 2 2 2 2 2 2	entity (POI R Card iss recified in R), Proof sued b	f of Ac	idress as pro DAI Rules, applicab	(POA) and of of identii as proof 1962) for	Proo	f of Da	ate of AAR	Carc	l issu	ed by	to be	AI		applicable)
	First Name Middle Name Address Flat / Room / Name of Pre Road / Stree Area / Locali Town / City / State / Unior Documents a //We have er as proof of a [Please refer [Annexure A,]/We [HAZ]	Sumame Sumame A Door / Block No. mises / Building / Village t / Lane/Post Office ty / Taluka/ Sub- Division District Territory submitted as Proof of Id hclosed AADHAAF ddress and AADHAAF to the instructions (as sp Annexure B & Annexure C	entity (POI R Card iss recified in R are to be us), Proof Sued b Sued t	f of Ac y of i.T. rever a	idress as pro DAI Rules, applicab	(POA) and of of identi as proof 1962) for e] cant, in the	Proof ty, A	f of Dates and a second	ate of AAR tth.	Carc	l issu	ed by	to be	AI		applicable}
	First Name Middle Name Address Flat / Room / Name of Pre Road / Stree Area / Locali Town / City / State / Unior Documents a //We have er as proof of a [Please refer [Annexure A,]/We [HAZF] do hereby de	Sumame Sumame A / Door / Block No. mises / Building / Village t / Lane/Post Office ty / Taluka/ Sub- Division District n Territory submitted as Proof of Id hclosed AADHAAF ddress and AADHAAF it to the instructions (as sp Annexure B & Annexure C RA KHATUN seclare that what is stated	entity (POI R Card iss recified in R are to be us), Proof Sued b Sued t	f of Ac y of i.T. rever a	idress as pro DAI Rules, applicab	(POA) and of of identi as proof 1962) for e] cant, in the	Proof date	f of D ADH, e of bi manda	ate of AAR rth. atory of HIN	Carc certified	l issu d docu F/HE	ed by ments	to be LF	AI		applicable]
	First Name Middle Name Address Flat / Room / Name of Pre Road / Stree Area / Locali Town / City / State / Unior Documents a //We have er as proof of a [Please refer [Annexure A,]/We [HAZ]	Sumame Sumame Door / Block No. mises / Building / Village t / Lane/Post Office ty / Taluka/ Sub- Division District Territory submitted as Proof of Id hclosed AADHAAF ddress and AADHAAF to the instructions (as sp Annexure B & Annexure C AKHATUN	entity (POI R Card iss recified in R are to be us), Proof Sued b Sued t	f of Ac y of i.T. rever a	idress as pro DAI Rules, applicab	(POA) and of of identi as proof 1962) for e] cant, in the	Proof date	f of D ADH, e of bi manda	ate of AAR rth. atory of HIN	Carc	l issu d docu F/HE	ed by ments	to be LF	AI		applicable}
	First Name Middle Name Address Flat / Room / Name of Pre Road / Stree Area / Locali Town / City / State / Unior Documents a //We have er as proof of a [Please refer [Annexure A,]/We [HAZF] do hereby de	Sumame Sumame Sumame Sumame Sumame Sumame Sumame Sumame Sumame Sumame Sumame Sumame Sumame Submitted as Proof of Id Submitted as Proof	entity (POI Card iss R Card is are to be us above is tru), Proof Sued b Sued t	f of Ac y of i.T. rever a	idress as pro DAI Rules, applicab	(POA) and of of identi as proof 1962) for e] cant, in the	Proof date	f of D ADH, e of bi manda	ate of AAR rth. atory of HIN	Carc certified	l issu d docu F/HE	ed by ments	to be LF	AI		applicable}
	First Name Middle Name Address Flat / Room / Name of Pre Road / Stree Area / Locali Town / City / State / Unior Documents a //We have er as proof of a [Please refer [Annexure A,]/We [HAZF] do hereby de	Sumame Sumame A / Door / Block No. mises / Building / Village t / Lane/Post Office ty / Taluka/ Sub- Division District n Territory submitted as Proof of Id nclosed AADHAAF ddress and AADHAAF it to the instructions (as sp Annexure B & Annexure C RA KHATUN eclare that what is stated FORBESGANJ D D M M Y Y	entity (POI Card iss R Card is are to be us above is tru), Proof Sued b Sued t	f of Ac y of i.T. rever a	idress as pro DAI Rules, applicab	(POA) and of of identi as proof 1962) for e] cant, in the	Proof date	f of D ADH, e of bi manda	ate of AAR rth. atory of HIN	Carc certified	l issu d docu F/HE	ed by ments	to be LF	AI		applicable]



हजरा रवात्मन