۸	100396		Paym Paym	ent D	ate:		2	2/0	9/2	024	R	s. 10	7.00)/-					04 /	jL				Ad	48		ar C
										JIVIIV	10	NICA	1110	אונ	S P	V I	LIL)		Ap	plic	atio	on I	Date	e: 2	22/0)9/2
Jse	r Id: MOFAZ10876	3	User	Name	: [M	OF/	AZ'	108	76															15017	200	024	
PAI	N CARD MODE :	Both phys	ical F	PAN	and	e-F	PAN	I Ca	ard				App	lica	atior	n M	ode	e : F	Phy	sica	al A	фp	lica	atic	n	9,90	
		Assessi	case avoid m	istakes.	Un please	Citiz inco e folio ode	ensorpo	/ In	ent diar ed e	of Pe Con ntitle See F ying in	npa s fo Rule struc	orme 114 tions a	Ent d in	ities Indi ample	s inc a] s befo	orp	ora			ndia	,		The state of the s				
6	MARRIA	Area o	T	-) ty	pe	+	F	lange	cc	de	+	А	ON	0.	-					0		3			nichtel
0.50	and the same	WB		G	W				1	(3	6		9		1		10	1	T	0	6	1	2	11	1	1 /<
	, I/We hereby request Ve give below necessa Full Name (Full exp	ary particular	s:										dent	ity/a	ddro	955	doc			Si	gnah	ire/L	eft T	humi	io Imp	pressi	ion
	Please select title,	as applica	able		Shr	i	ſ	1	Smt.	ſ		Kum	ari	Γ	M	/s				,							
	Last Name / Surnam			В		В			T		T		T	-	1	T	T	T	T				T	T	T	T	
	First Name			A	K	L	1	M	^	+	+		+	1	1	+	1	+		-			+	+		+	- Dance
				A	N	L	1	IVI	A	+	+		+	+	+	-		-		-		-	+	+	+	+	-
	Middle Name			L										1				_	<u></u>			L	_				
2	Abbreviations of th	Distriction of the contract of		you	voul	d lik	e it	to	be p	rinte	d o	n the	PAN	car	d		- 1	-			_	·		_	_		
	AKLIM	A B	IB	-		1.			1						-	_		-	1		4				_	+	
			1	-							_											4		L	上	丄	
3	Have you ever been	known by	any of	ther n	ame	?			Yes			1	o							(ple	ase	tic	k a	s a	ppl	licab	ile)
	If yes, please give that	other name												15													
	Please select title,	as applica	able		Shr	i		5	Smt.			Kum	ari	Г	M	/s											
	Last Name / Surnam	e					٦			T	T	T	T	1	T	I	I	T		T		T	T		T	T	-
	First Name			-							\dagger		+	+		+	\dagger	+		\vdash		H	\dagger	\dagger	+	+	
					-			-		_	+	+	+	+	+	\vdash	+	+	-	-	-	+	+	+	+	-+	-
	Middle Name			L										1								L	L				
									M.N.	0	- 1	/ F	ema	le			Tra	nsg	end	er	(ple	as	e ti	ck a	as a	appl	icab
4	Gender (for Individ	ual applican	its onl	y)			1		Ma		L		OHIL		- 1	-	1					200					
5	Date of Birth/Incorp Formation of Body Details of Parents (a Whether mother is a If yes, please fill in mo	oration/Agi of individua applicable or single parent other's name	reeme als or a aly for and you in the	nt/Par assoc indivi ou wish approp	iatio dual n to a oriate	app apply spa	Per lical for ice p	rson nts), PAN provi	st De	eed/ iumisl	1.	the i	name	e of y		1]	nerd	only?	1 Ye] N		7		ease	e tick	c as
	Date of Birth/Incorp Formation of Body Details of Parents (a Whether mother is a If yes, please fill in mo Fathers's Name (Ma	oration/Agi of individua applicable or single parent other's name andatory exc	reeme als or a aly for and you in the	nt/Par assoc indivi ou wist approp	iatio dual n to a oriate	n of app apply spa er is	Per lical for ice p	PAN provi	st Do	eed/ iumisl	1.	the i	name	e of y	0 our	1]	nerd	0 only?	1 Ye] N	9	7	(ple	ease	e tick	(as
	Date of Birth/Incorp Formation of Body Details of Parents (a Whether mother is a If yes, please fill in mo Fathers's Name (Ma Last Name / Surnam	oration/Agi of individua applicable or single parent other's name andatory exc	reeme als or a aly for and you in the	nt/Par assoc indivi ou wist approp nere m	iatio dual n to a priate othe	n of app apply spa er is	Per lical for ice p a si	rson nts), PAN provi ngle	st De	rumisi below	nd I	the i	name	e of y	0 our	1]	nerd	0 only?	1 Ye] N	9	7	(ple	ease	e tick	(as
	Date of Birth/Incorp Formation of Body Details of Parents (a Whether mother is a If yes, please fill in mo Fathers's Name (Ma Last Name / Surnam First Name	oration/Agi of individua applicable or single parent other's name andatory exc	reeme als or a aly for and you in the	nt/Par assoc indivi ou wist approp	iatio dual n to a priate othe	n of app apply spa er is	Per lical for ice p a si	rson nts), PAN provi ngle	I by ded par	rumisi below	1.	the i	name	e of y	0 our	1]	nerd	0 only?	1 Ye] N	9	7	(ple	ease	e tick	(as
	Date of Birth/Incorp Formation of Body Details of Parents (a Whether mother is a If yes, please fill in mo Fathers's Name (Ma Last Name / Surnam First Name	oration/Agi of individua applicable or single parent other's name andatory exc	reeme als or a aly for and you in the ept wh	nt/Parassoc individual wish appropriere m B	iatio dual n to a priate oothe I	n of app	Per lical for ice p a si W	PAN PAN Provi ngle A	I by ded par	rumisi below ent a	/. nd I	PAN i	s ap	e of y	O vour i	moti	ner o	only?	1 Ye	ame	N	9	7	(ple	ease		(as
	Date of Birth/Incorp Formation of Body Details of Parents (a Whether mother is a If yes, please fill in mo Fathers's Name (Ma Last Name / Surnam First Name Middle Name Mothers's Name (o	oration/Agi of individua applicable on single parent other's name andatory exce	reeme als or a aly for and you in the ept wh	nt/Parassoc individual wish appropriere m B	iatio dual n to a priate oothe I	n of app	Per lical for ice p a si W	PAN PAN Provi ngle A	I by ded par	rumisi below ent a	/. nd I	PAN i	s ap	e of y	O vour i	moti	ner o	only?	1 Ye	ame	N	9	7	(ple	ease		cas
	Date of Birth/Incorp Formation of Body Details of Parents (a Whether mother is a If yes, please fill in mo Fathers's Name (Ma Last Name / Surnam First Name Middle Name Mothers's Name (o Last Name / Surnam	oration/Agi of individua applicable on single parent other's name andatory exce	reeme als or a aly for and you in the ept wh	nt/Parassoc individual wish appropriere m B	iatio dual n to a priate oothe I	n of app	Per lical for ice p a si W	PAN PAN Provi ngle A	I by ded par	rumisi below ent a	/. nd I	PAN i	s ap	e of y	O vour	moti	ner o	only?	1 Ye	ame	N	9	7	(ple	ease		as
	Date of Birth/Incorp Formation of Body Details of Parents (a Whether mother is a If yes, please fill in mo Fathers's Name (Ma Last Name / Surnam First Name Middle Name Mothers's Name (o Last Name / Surnam First Name	oration/Agi of individua applicable on single parent other's name andatory exce	reeme als or a aly for and you in the ept wh	nt/Parassoc individual wish appropriere m B	iatio dual n to a priate oothe I	n of app	Per lical for ice p a si W	PAN PAN Provi ngle A	I by ded par	rumisi below ent a	/. nd I	PAN i	s ap	e of y	O vour	moti	ner o	only?	1 Ye	ame	N	9	7	(ple	ease		cas
	Date of Birth/Incorp Formation of Body Details of Parents (a Whether mother is a If yes, please fill in mo Fathers's Name (Ma Last Name / Surnam First Name Middle Name Mothers's Name (or Last Name / Surnam First Name	oration/Agi of individua applicable on single parent other's name andatory exce e	reeme als or a ally for and you in the ept wh	nt/Parassocindivibu wishappropere m	iatio dual n to a priate nothe H H othe	n of apply spapply spa	Per Pican for a ce para a sin W	PAN provingle A A	st Design	eed/ iumisl belowent a	nd I	PANI	s ap	of y	O dour l	furn	ner c	0 ng ti	1 Ye	ame	N	9	7	(ple	ease		(as
	Date of Birth/Incorp Formation of Body Details of Parents (a Whether mother is a If yes, please fill in mo Fathers's Name (Ma Last Name / Surnam First Name Middle Name Mothers's Name (or Last Name / Surnam First Name Middle Name Middle Name Middle Name Select the name of e	oration/Agr of individual applicable on single parent other's name andatory exce e	reeme als or a nly for and you in the ept whe	nt/Parassocindivibu wisiappropere m	iatio dual n to a priate nothe H H H ich	n of apply spapply spa	Per	PAN providengle A A	st Desis	rumisli belowent a	nd I	PAN i	s ap	pplied pplied and a sard a	0 vour i	mottl furn furn fur	ner conishi	0 only?	Ye he m	nam	N of line o	9 mot	7	(ple	ease	y)	***************************************
	Date of Birth/Incorp Formation of Body Details of Parents (a Whether mother is a self yes, please fill in mo Fathers's Name (Ma Last Name / Surnam First Name Middle Name Mothers's Name (of Last Name / Surnam First Name Middle Name Middle Name Select the name of ed (In case no option is	oration/Agr of individual applicable on single parent other's name andatory exce e ptional exce e	reeme als or a nly for and you in the ept whe ept who	nt/Parassocindiviou wislapprophere m B S ere m	iatio dual n to a priate nothe	apply sparer is SOO	Per lica for a single W	PAN PROVIDENCE A A A A A A A A A A A A A A A A A A A	sst Do	rumisli belowent a	nd I	PAN i	s ap	e of y	O vour i	mottl	nishi nish nish	0 only?	Yenne m	name	N of line o	9 mot	7	(ple	ease	y)	***************************************
	Date of Birth/Incorp Formation of Body Details of Parents (a Whether mother is a If yes, please fill in mo Fathers's Name (Ma Last Name / Surnam First Name Middle Name Mothers's Name (or Last Name / Surnam First Name Middle Name Middle Name Middle Name Select the name of e	oration/Agr of individual applicable on single parent other's name andatory exce e ptional exce e	reeme als or a nly for and you in the ept whe ept who	nt/Parassocindiviou wislapprophere m B S ere m	iatio dual n to a priate othe	apply sparer is SOO	Per lica for a single W	PAN PROVIDENCE A A A A A A A A A A A A A A A A A A A	st Desis	rumisli belowent a	nd I	PAN i	s ap	e of y	O vour i	mottl	nishi nish nish	0 only?	Yenne m	name	N of line o	9 mot	7	(ple	ease	y)	***************************************
6	Date of Birth/Incorp Formation of Body Details of Parents (a Whether mother is a self yes, please fill in mo Fathers's Name (Ma Last Name / Surname First Name Middle Name Mothers's Name (of Last Name / Surname First Name Middle Name Select the name of ea (In case no option is PAN by furnishing naddress Residence Address	operation/Agrof individual policable on single parent other's name undatory excee ptional excee ptional excee printer father of provided the ame of the management of the m	reeme als or a nly for and you in the ept whe ept who	nt/Parassocindiviou wislapprophere m B S ere m	iatio dual n to a priate nothe	apply sparer is SOO	Per lica for a single W	PAN provingle A A Ilike Ilike Ilike	sst Designs	rumisli belowent a	nd I	PAN i	s ap	pplied pplied and it when	our il by d by	mottl	ner consistence of the state of	O only?	Yene me multiple the manual street in the manual st	name	N of line o	9 mot	7	(ple	ease	y)	***************************************
6	Date of Birth/Incorp Formation of Body Details of Parents (a Whether mother is a self yes, please fill in mo Fathers's Name (Ma Last Name / Surname First Name Middle Name Mothers's Name (o) Last Name / Surname First Name Middle Name Select the name of e (In case no option is PAN by furnishing naddress Residence Address Flat / Room / Door / B	operation/Agrof individual policable on single parent other's name undatory excee ptional excee ither father of provided the ame of the management of the	eeme als or and you in the ept whe	nt/Pai associandivi ou wisi appropiere m B S S	iatio dual n to a priate iothe iothe iothe iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	n of apply a	Perilican of for ice para sin W W may sue of	PAN provingle A A Ingle Ilike Ilike S	sst Doy ded par S K K par to be h fat ame	iumisibelowent a	nd I	PAN in PA	s ap	pplied and it when Nam	our il by d by	moth furn furn furn furn furn furn furn furn	ner consistence of the state of	only?	Yene me multiple the manual street in the manual st	ame nam	N of line of line or ent	9 mot	7 Itheir oth days	(ple	ease	y)	***************************************
6	Date of Birth/Incorp Formation of Body Details of Parents (a Whether mother is a sifyes, please fill in mo Fathers's Name (Ma Last Name / Surnam First Name Middle Name Mothers's Name (of Last Name / Surnam First Name Middle Name Select the name of e (In case no option is PAN by furnishing n Address Residence Address Flat / Room / Door / B Name of Premises / B	operation/Agrof individual policable on single parent other's name undatory excee ptional excee ptional excee the provided the ame of the management of the	eeme als or and you in the ept whe	nt/Pai assoc indivi ou wisi appropiere in B S C appropiere m C appropiere m C C C	iatio dual n to a priate nothe l H H ich y ich y l I U	n of apply a	Perilican for for for a sin W W was a sin was sued there or the D was a sin between the formal for the forecal for the formal for the formal for the formal for the formal	PAN PROVIDENCE A A A A A A A A A A A A A A A A A A A	sst Doysded par S K K par tto both fat ame	rumisibelowent al	nd I	PAN in PA	s ap	pplied and it when Nam	our l	moth furn furn furn furn furn furn furn furn	nishi nishi nishi	only?	Yene me multiple the manual street with the m	name paname paname	N of line of line or ent	9 mot	7 Itheir oth days	(ple	ease	y)	***************************************
6	Date of Birth/Incorp Formation of Body Details of Parents (a Whether mother is a self yes, please fill in mo Fathers's Name (Ma Last Name / Surname First Name Middle Name Mothers's Name (o) Last Name / Surname First Name Middle Name Select the name of e (In case no option is PAN by furnishing no Address Residence Address Flat / Room / Door / B Name of Premises / B Road / Street / Lane/F	poration/Agrof individual pplicable on single parent other's name undatory excee ptional excee priority father father of provided the ame of the management	eeme als or and you in the ept whe ept who or mother nother	nt/Pai assoc indivi ou wisi approphere m B S I card only)	iatio dual n to a priate nothe l H H ich y will b	n of apply a	Per lica in formation of the per lice p	PAN PAN A A A B A B A B A B A B A B A B A B A	sst De sisse de de de par S K K par S K L be be he fat ame	eed/ fumisible lowent all a print a print her's	nd I	PAN in PA	s ap	pplied and it when Nam	our l	moth furn furn furn furn furn furn furn furn	nishi nishi nishi	only?	Yene me multiple the manual street with the m	name paname paname	N of line of line or ent	9 mot	7 Itheir oth days	(ple	ease	y)	***************************************
6	Date of Birth/Incorp Formation of Body Details of Parents (a Whether mother is a sifyes, please fill in mo Fathers's Name (Ma Last Name / Surnam First Name Middle Name Mothers's Name (of Last Name / Surnam First Name Middle Name Select the name of e (In case no option is PAN by furnishing n Address Residence Address Flat / Room / Door / B Name of Premises / B	poration/Agrof individual pplicable on single parent other's name undatory excee ptional excee priority father father of provided the ame of the management	eeme als or and you in the ept whe ept who or mother nother	nt/Parassoc indivious wisk appropriete in the second of th	iatio dual n to a priate aother I H H I I I I I I I I I I I I I I I I	on of appply spaper is S O O O O O O O O O O O O O O O O O O	Per lica in formation of the per lice p	PAN PAN A A A B A B A B A B A B A B A B A B A	sst De sisse de de de par S K K par S K L be be he fat ame	E	nd I	PAN in PA	s ap	pplied and when the whole when the whole when the whole when the whole who whole who whole who whole w	0 vour	furn furn furn furn furn furn furn furn	nner conishi	only?	Yeshe ne n	name particle A	N of line of line or ent	9 mot	7 Itheir oth	(ple	ease	y)	***************************************
6	Date of Birth/Incorp Formation of Body Details of Parents (a Whether mother is a sifyes, please fill in mo Fathers's Name (Ma Last Name / Surnam First Name Middle Name Mothers's Name (or Last Name / Surnam First Name Middle Name Select the name of e (In case no option is PAN by furnishing n Address Residence Address Flat / Room / Door / B Name of Premises / B Road / Street / Lane/F Area / Locality / Taluk	poration/Agrof individual pplicable or single parent other's name undatory excee ptional excee ptional excee ptional excee ptional excee provided the ame of the management of	eeme als or and you in the ept whe ept who or mother nother	nt/Pai assoc indivi ou wisi appropiere in B S S I I I I I I I I I I I I I I I I I	iatio dual n to a priate aother I H H I I I I I I I I I I I I I I I I	on of appply spaper is S O O O O O O O O O O O O O O O O O O	Per lica for for for a si lica a si	PAN Provingle A A A I I I I I I I I I I I I I I I I	sst Designs S S K S S S S S S S S S S S S S S S S	E	nd I	PAN in PA	s ap	pplied and when the whole when the whole when the whole when the whole who whole who	our l	furn furn furn furn furn furn furn furn	nner continuishi	only?	Yene me multiple with the linguistic with the	name particle A	N of line of line or ent	9 mot	7 Itheir oth	(ple	ease	y)	***************************************
6	Date of Birth/Incorp Formation of Body Details of Parents (a Whether mother is a silf yes, please fill in mo Fathers's Name (Ma Last Name / Surnam First Name Middle Name Mothers's Name (or Last Name / Surnam First Name Middle Name Select the name of e (In case no option is PAN by furnishing naddress Residence Address Flat / Room / Door / B Name of Premises / B Road / Street / Lane/F Area / Locality / Taluk	poration/Agrof individual pplicable or single parent other's name undatory excee ptional excee ptional excee ptional excee ptional excee provided the ame of the management of	reeme als or a ally for and you in the ept who ept who or mother or mother	nt/Pai assoc indivi ou wisi appropiere m B S C ere m C G B B N	iatio dual n to a priate nother l l l l l l l l l l l l l l l l l l l	on of appply spaper is S O O O O O O O O O O O O O O O O O O	Per lica for for for a si lica a si	PAN PROVIDENCE OF SERVICE OF SERV	sst Designs S S K S S S S S S S S S S S S S S S S	eed/ iumisibelowent all E	nd I	PAN in the repair on PAN in th	s ap	pplied and when the whole when the whole when the whole when the whole who whole who	0 vour	furn furn furn furn furn furn furn furn	nner continuishi	o o o o o o o o o o o o o o o o o o o	Yene me multiple state of the s	name painble;	N of lee o	9 o o o o o o o o o o o o o o o o o o o	7 Itheir oth	(ple	ease	y)	***************************************
6	Date of Birth/Incorp Formation of Body Details of Parents (a Whether mother is a silf yes, please fill in mo Fathers's Name (Ma Last Name / Surnam First Name Middle Name Mothers's Name (or Last Name / Surnam First Name Middle Name Select the name of e (In case no option is PAN by furnishing naddress Flat / Room / Door / B Name of Premises / B Road / Street / Lane/F Area / Locality / Taluk Town / City / District State / Union Territor	poration/Agr of individual applicable on single parent other's name andatory exce e ptional exce e ptional exce e provided the ame of the management of the	reeme als or a ally for and you in the ept who ept who or mother or mother	nt/Pai assoc indivi ou wisi appropiere m B S C ere m C G B B N	iatio dual n to a priate nother l l l l l l l l l l l l l l l l l l l	on of appply spaper is S O O O O O O O O O O O O O O O O O O	Per lica for for a si ver a si	PAN PROVIDENCE OF SERVICE OF SERV	sst Designs S S K K S K K K K K K K K K K K K K K	eed/ iumisibelowent all E	nd I	PAN in the in the interest of	s ap	pplied and when the whole when the whole when the whole when the whole who whole who	0 vour	furn furn furn furn furn furn furn furn	nner continuishi	only?	Yene me multiple state of the s	name painble;	N of lee o	9 mot	7 Itheir oth	(ple	ease	y)	***************************************
6	Date of Birth/Incorp Formation of Body Details of Parents (a Whether mother is a a If yes, please fill in mo Fathers's Name (Ma Last Name / Surnam First Name Middle Name Mothers's Name (o) Last Name / Surnam First Name Middle Name Select the name of e (In case no option is PAN by furnishing n Address Residence Address Flat / Room / Door / B Name of Premises / B Road / Street / Lane/F Area / Locality / Taluk Town / City / District State / Union Territor	poration/Agr of individual applicable on single parent other's name andatory exce e ptional exce e ptional exce e provided the ame of the management of the	reeme als or a ally for and you in the ept who ept who or mother or mother	nt/Pai assoc indivi ou wisi appropiere in B S S ere m C G B B N	iatio dual n to a priate nother l l l l l l l l l l l l l l l l l l l	on of appply spaper is S O O O O O O O O O O O O O O O O O O	Per lica for for a si ver a si	PAN PROVIDENCE OF SERVICE OF SERV	sst Designs S S K K S K K K K K K K K K K K K K K	eed/ iumisibelowent all E	nd I	PAN in the in the interest of	s ap	pplied and when the whole when the whole when the whole when the whole who whole who	0 vour	furn furn furn furn furn furn furn furn	nner continuishi	o o o o o o o o o o o o o o o o o o o	Yene me multiple state of the s	name painble;	N of lee o	9 o o o o o o o o o o o o o o o o o o o	7 Itheir oth	(ple	ease	y)	***************************************
6	Date of Birth/Incorp Formation of Body Details of Parents (a Whether mother is a a If yes, please fill in mo Fathers's Name (Ma Last Name / Surnam First Name Middle Name Mothers's Name (o) Last Name / Surnam First Name Middle Name Select the name of e (In case no option is PAN by furnishing n Address Residence Address Flat / Room / Door / B Name of Premises / B Road / Street / Lane/F Area / Locality / Taluk Town / City / District State / Union Territor W E S T Office Address	poration/Agrof individual policable or single parent other's name undatory excee ptional excee ptional excee estimates of the management o	reeme als or a ally for and you in the ept who ept who or mother or mother	nt/Pai assoc indivi ou wisi appropiere in B S S ere m C G B B N	iatio dual n to a priate nother l l l l l l l l l l l l l l l l l l l	on of appply spaper is S O O O O O O O O O O O O O O O O O O	Per lica for for a si ver a si	PAN PROVIDENCE OF SERVICE OF SERV	sst Designs S S K K S K K K K K K K K K K K K K K	eed/ iumisibelowent all a print all a print all a print all all all all all all all all all al	nd I	PAN in the in the interest of	s ap	pplied and when the whole when the whole when the whole when the whole who whole who	0 vour	furn furn furn furn furn furn furn furn	nner continuishi	o o o o o o o o o o o o o o o o o o o	Yene me multiple state of the s	name painble;	N of lee o	9 o o o o o o o o o o o o o o o o o o o	7 Itheir oth	(ple	ease	y)	***************************************

Address for Communication Telephone Number & Enhall Details Country code Amaign Telephone Mobile number									Annual Park			parameter	-	45													1
Relighton Number & Email ID details Country code Arma/STD Code Telephone / Mobile number Country code Arma/STD Code Telephone / Mobile number Tatus of applicant	ddroce	for Commu	nication					Γ	1	Resi	dend	ce				0	ffice			(Plea	ise t	ick a	s ap	plica	able)	
Salary Income from House property No income Salary Income from House property No income Salary Income from House property Income from House pro	elephon	e Number 8	Email ID	details	5			L																=			
Table of applicant Please select status. as applicable Individual		Country co	ode A	rea/S	TD	Code	3		r		1		T			-		1		T							
Please select status, as applicable Government Association of Pers		9 1	1	6 6					-	7 8	6	5	9	4 5	8		0 7	L			_						
Please select status, as applicable Government Association of Pers	mail ID	mimono	dal7866@	gma	il.c	com																					
Please select status.				,																							
Income from House property			V as ann	dicable	B																		Gov	ernm	ent		
Trusts Body of Individuals Local Authority Artificial Juridical Persons Limited Liability Pa Registration Number (for company, firms, LLPs etc.) Trusts Body of Individuals Local Authority Artificial Juridical Persons Limited Liability Pa Registration Number (for company, firms, LLPs etc.) Trusts Body of Individuals Local Authority Artificial Juridical Persons Limited Liability Pa Registration Number (for company, firms, LLPs etc.) Trusts Body of Individuals Local Authority Actificial Juridical Persons Limited Liability Pa Registration Number (for company, firms, LLPs etc.) Trusts Body of Individuals Local Authority Loc									٦؞						Dord	tno	rohin	Fin	m				Asso	ociati	ion o	of Pe	rson
Trusts Body of individuals Body of indi	✓ Indiv	/idual	Hindu	undivid	ded	d fam	НУ	_	_																		
n Case of a person, who is required to quote Aadhaar number/The Enrolment ID of Aadhaar application form as per section 139AA Please mention your AADHAAR number (if allotted) 3 2 6 7 6 8 1 4 7 6 2 6 FAADHAAR number is not allotted, please mention the enrolment ID of Aadhaar application form AADHAAR number is not allotted, please mention the enrolment ID of Aadhaar application form AADHAAR number is not allotted, please mention the enrolment ID of Aadhaar application form AADHAAR number is not allotted, please mention the enrolment ID of Aadhaar application form AADHAAR letter/card or as per the Enrolment ID of Aadhaar application form AADHAAR letter/card or as per the Enrolment ID of Aadhaar application form AADHAAR letter/card or as per the Enrolment ID of Aadhaar application form AADHAAR letter/card or as per the Enrolment ID of Aadhaar application form AADHAAR letter/card or as per the Enrolment ID of Aadhaar application form AADHAAR letter/card or as per the Enrolment ID of Aadhaar application form AADHAAR letter/card or as per the Enrolment ID of Aadhaar application form AADHAAR letter/card or as per the Enrolment ID of Aadhaar application form AADHAAR letter/card lett	Trus	its	Body	of Indiv	vidu	uals			L	ocal A	uthor	rity			Artif	ficia	al Juri	idic	al Pe	ersons	5		Limi	ted r	.iaoii	my P	arun
Please mention your AADHAAR number if allotted, please mention the enrolment ID of Aadhaar application form A K L M A B B B B B B B B B	 Registrat	tion Numbe	er (for comp	oany, f	firn	ns, Ll	LPs e	tc.)							-			_			1	_					
Please mention your AADHAAR number if allotted, please mention the enrolment ID of Aadhaar application form A K L M A B B B B B B B B B					T		1																				
Please mention your AADHAAR number if allotted) 3 2 6 7 6 8 1 4 7 6 2 5 If AADHAAR number is not allotted, please mention the enrolment ID of Aadhaar application form Name as per AADHAAR letter/card or as per the Enrolment ID of Aadhaar application form A K L I M A B I B I B I Income from Business / Profession Source of Income Salary Income from House property No income Capital Gains Income from Business / Profession Representative Assessee (RA) Fill name, address of the Representative Assessee, who is assessible under the Income Tax Act in respect of the person, whose particula 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 5 Documents submitted as Proof of Identity (POI), Proof of Address (POA) and Proof of Date of Birth (DOB) I/We have enclosed AADHAAR Card issued by as proof of identity, AADHAAR Card issued by UIDAI as proof of address and AADHAAR Card issued by UIDAI 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 to be submitted as [AKILINA BIB] do hereby declare that what is stated above is true to the best of mylour information and belief. Place BADURIA	n Case o	of a person,	who is req	uired 1	to	quote	Aadl	haar	nı	ımber	The	Enr	rolm	ent ID	of A	ad	haar	ap	plica	tion !	om	as	per s	ectio	on 1	39A/	A
Source of Income Source of Income Income from House property No income Please select, as ap Income from Business / Profession Business/Profession code IFor Code: Refer instructions) Income from Other s Income from Business / Profession Income from Other s Income from Other s Income from Business / Profession Income from Business / Profession Income from Business / Profession Income from Other s Income from Other s Income from Business / Business / Profession Income from Business / Business / Profession Income from Business / Business / Profession Income from Other s Incom	Please me	ention your	AADHAAR	numbe	er (i	if allot	ted)	3	2	6 '	7][6	8	1 4		7	6	2	6								
Name as per AADHAAR letter/card or as per the Enrolment ID of Aadhaar application form A K L I M A B I B I Source of Income Salary	FAADHA	AR number	is not allotte	d, plea	ase	e men	ition th	ne er	nro	lment	D of	Aad	thaa	appli	catio	n fo	orm	_	3						-	_	T
Source of Income Salary																											
Source of Income Salary	Name as	per AADHA	AR letter/ca	rd or a	as p	per the	e Enro	olme	nt I	D of A	adha	aar a	pplic	ation	form						1	T	Т				
Salary Income from House property No income Capital Gains Income from Business / Profession Business/Profession code If-For Code: Refer instructions) Income from Other states and Income from					1							В	1				_	1	1	-			_	+	-		
Salary Income from House property No income Capital Gains Income from Business / Profession Business/Profession code If-For Code: Refer instructions) Income from Other st. Representative Assessee (RA) Full name, address of the Representative Assessee, who is assessible under the Income Tax Act in respect of the person, whose particula 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 5 Documents submitted as Proof of Identity (POI), Proof of Address (POA) and Proof of Date of Birth (DOB) I/We have enclosed AADHAAR Card issued by ulDAI as proof of identity, [AADHAAR Card issued by UlDAI 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 to be submitted as [Annexure A, Annexure B & Annexure C are to be used wherever applicable] 6 I/We [AKLIMA BIBI] do hereby declare that what is stated above is true to the best of my/our information and belief. Place: BADURIA					T														1				1	+		4	
Salary Income from House property No income Capital Gains Income from Business / Profession Business/Profession code If-For Code: Refer instructions) Income from Other st. Representative Assessee (RA) Full name, address of the Representative Assessee, who is assessible under the Income Tax Act in respect of the person, whose particula 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 5 Documents submitted as Proof of Identity (POI), Proof of Address (POA) and Proof of Date of Birth (DOB) I/We have enclosed AADHAAR Card issued by ulDAI as proof of identity, [AADHAAR Card issued by UlDAI 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 to be submitted as [Annexure A, Annexure B & Annexure C are to be used wherever applicable] 6 I/We [AKLIMA BIBI] do hereby declare that what is stated above is true to the best of my/our information and belief. Place: BADURIA																						<u></u>					
Income from House property Income from Business / Profession Business/Profession code IFor Code: Refer instructions) Income from Other st. Representative Assessee (RA) Full name, address of the Representative Assessee, who is assessible under the Income Tax Act in respect of the person, whose particula been given in the column 1-13. Full Name (Full expanded name: initials are not permitted) Please select title, ✓ as applicable 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 Town of AADHAAR Card issued by as proof of identity, AADHAAR Card issued by UIDAI as proof of address and AADHAAR Card issued by uIDAI 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 to be submitted as [Annexure A, Annexure B & Annexure C are to be used wherever applicable] for New AKIIMA BIBI do hereby declare that what is stated above is true to the best of my/our information and belief. Place: BADURIA		2.5																			P	ease	sele	ect,	1	as a	pplic
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 Documents submitted as Proof of Identity (POI), Proof of Address (POA) and Proof of Date of Birth (DOB) I/We have enclosed AADHAAR Card issued by as proof of identity, AADHAAR Card issued by UIDAI as proof of address and AADHAAR Card issued by UIDAI 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 to be submitted as [Annexure A, Annexure B & Annexure C are to be used wherever applicable] I/We AKLIMA BIBI AKLIMA BIBI the applicant, in the capacity of HIMSELF/HERSELF HIMSELF/HERSELF	Represe Full nam	ntative Ass ne, address ven in the co	essee (RA) of the Represident 1-13.	esenta	ativ	Busi e Ass	ness/l	Profe	ess no is	s asse		e un		[For	Code						the	<u></u>	ncom	e fro	m O		
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 5 Documents submitted as Proof of Identity (POI), Proof of Address (POA) and Proof of Date of Birth (DOB) I/We have enclosed AADHAAR Card issued by as proof of identity, AADHAAR Card issued by UIDAI as proof of address and AADHAAR Card issued by UIDAI 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 to be submitted as [Annexure A, Annexure B & Annexure C are to be used wherever applicable] I/We [AKLIMA BIBI] the applicant, in the capacity of HIMSELF/HERSELF do hereby declare that what is stated above is true to the best of my/our information and belief. Place: BADURIA	Represe Full nam been giv Full Nar	ntative Ass ne, address ven in the co me (Full exp	essee (RA) of the Repre- plumn 1-13. panded name	esenta ne : in	ativo	Busi e Ass als ar	ness/lessee	Profe	ess no is	s asse	ssibl	e un	nder 1	(For	Code	Та	x Act				the	<u></u>	ncom	e fro	m O		
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 5 Documents submitted as Proof of Identity (POI), Proof of Address (POA) and Proof of Date of Birth (DOB) I/We have enclosed	Represe Full nam been giv Full Nar	ntative Ass ne, address ven in the co me (Full exp	essee (RA) of the Repre- plumn 1-13. panded name	esenta ne : in	ativo	Busi e Ass als ar	ness/lessee	Profe	ess no is	s asse	ssibl	e un	nder 1	(For	Code	Та	x Act				the	<u></u>	ncom	e fro	m O		
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 5 Documents submitted as Proof of Identity (POI), Proof of Address (POA) and Proof of Date of Birth (DOB) I/We have enclosed AADHAAR Card issued by as proof of identity, AADHAAR Card issued by UIDAI as proof of address and AADHAAR Card issued by UIDAI 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 to be submitted as [Annexure A, Annexure B & Annexure C are to be used wherever applicable] I/We [AKLIMA BIBI] The applicant, in the capacity of the proof of mandatory declare that what is stated above is true to the best of my/our information and belief. Place: BADURIA	Represe Full nam been giv Full Nam	ntative Ass ne, address ven in the co me (Full exp select title,	essee (RA) of the Repre- olumn 1-13. panded nar as appli	esenta ne : in	ativo	Busi e Ass als ar	ness/lessee	Profe	ess no is	s asse	ssibl	e un	nder 1	(For	Code	Та	x Act				the	<u></u>	ncom	e fro	m O		
Name of Premises / Building / Village Road / Street / Lane/Post Office Area / Locality / Taluka/ Sub- Division Town / City / District State / Union Territory 5 Documents submitted as Proof of Identity (POI), Proof of Address (POA) and Proof of Date of Birth (DOB) I/We have enclosed AADHAAR Card issued by as proof of identity, AADHAAR Card issued by UIDAI as proof of address and AADHAAR Card issued by UIDAI 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 to be submitted as [Annexure A, Annexure B & Annexure C are to be used wherever applicable] I/We AKLIMA BIBI the applicant, in the capacity of HIMSELF/HERSELF do hereby declare that what is stated above is true to the best of my/our information and belief. Place: BADURIA	Represel Full nam been giv Full Nar Please s Last Nar	ne, address ven in the co me (Full exp select title,	essee (RA) of the Repre- olumn 1-13. panded nar as appli	esenta ne : in	ativo	Busi e Ass als ar	ness/lessee	Profe	ess no is	s asse	ssibl	e un	nder 1	(For	Code	Та	x Act				the	<u></u>	ncom	e fro	m O		
Name of Premises / Building / Village Road / Street / Lane/Post Office Area / Locality / Taluka/ Sub- Division Town / City / District State / Union Territory 5 Documents submitted as Proof of Identity (POI), Proof of Address (POA) and Proof of Date of Birth (DOB) I/We have enclosed AADHAAR Card issued by as proof of identity, AADHAAR Card issued by UIDAI as proof of address and AADHAAR Card issued by UIDAI 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 to be submitted as [Annexure A, Annexure B & Annexure C are to be used wherever applicable] I/We AKLIMA BIBI the applicant, in the capacity of HIMSELF/HERSELF do hereby declare that what is stated above is true to the best of my/our information and belief. Place: BADURIA	Full nam been giv Full Nar Please s Last Nar	ntative Ass ne, address ven in the co me (Full exp select title, [essee (RA) of the Repre- olumn 1-13. panded nar as appli	esenta ne : in	ativo	Busi e Ass als ar	ness/lessee	Profe	ess no is	s asse	ssibl	e un	nder 1	(For	Code	Та	x Act				the	<u></u>	ncom	e fro	m O		
Road / Street / Lane/Post Office Area / Locality / Taluka/ Sub- Division Town / City / District State / Union Territory 5 Documents submitted as Proof of Identity (POI), Proof of Address (POA) and Proof of Date of Birth (DOB) I/We have enclosed AADHAAR Card issued by as proof of identity, AADHAAR Card issued by UIDAI as proof of address and AADHAAR Card issued by UIDAI 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 to be submitted as [Annexure A, Annexure B & Annexure C are to be used wherever applicable] I/We AKLIMA BIBI the applicant, in the capacity of HIMSELF/HERSELF do hereby declare that what is stated above is true to the best of my/our information and belief. Place: BADURIA	Full nambeen gives Full Nambeen gives Full Nambees Stast Nambees Stast Nambees Middle	ntative Ass ne, address ven in the co me (Full exp select title, [essee (RA) of the Repre- olumn 1-13. panded nar as appli	esenta ne : in	ativo	Busi e Ass als ar	ness/lessee	Profe	ess no is	s asse	ssibl	e un	nder 1	(For	Code	Та	x Act				the	<u></u>	ncom	e fro	m O		
Area / Locality / Taluka/ Sub- Division Town / City / District State / Union Territory 5 Documents submitted as Proof of Identity (POI), Proof of Address (POA) and Proof of Date of Birth (DOB) I/We have enclosed	Represel Full nam been giv Full Nar Please s Last Nai First Na Middle I Addres	ntative Ass ne, address wen in the co me (Full exp select title, [essee (RA) of the Repro- olumn 1-13. panded nar as appli-	esenta ne : in	ativo	Busi e Ass als ar	ness/lessee	Profe	ess no is	s asse	ssibl	e un	nder 1	(For	Code	Та	x Act				the	<u></u>	ncom	e fro	m O		
State / Union Territory 5 Documents submitted as Proof of Identity (POI), Proof of Address (POA) and Proof of Date of Birth (DOB) I/We have enclosed AADHAAR Card issued by as proof of identity, AADHAAR Card issued by UIDAI as proof of address and AADHAAR Card issued by UIDAI 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 to be submitted as [Annexure A, Annexure B & Annexure C are to be used wherever applicable] I/We AKLIMA BIBI the applicant, in the capacity of hereby declare that what is stated above is true to the best of my/our information and belief. Place: BADURIA	Represel Full nam been giv Full Nar Please s Last Nai First Na Middle I Addres Flat / Re	metative Associated and the come (Full exposed title, Lame / Surnandame Name associated and / Door / Door / Door /	essee (RA) of the Representation 1-13. panded nar as applied as Applied Block No.	esenta me : in cable	ativ	Busi e Ass als ar	ness/lessee	Profe	ess no is	s asse	ssibl	e un	nder 1	(For	Code	Та	x Act				the	<u></u>	ncom	e fro	m O		
State / Union Territory 5 Documents submitted as Proof of Identity (POI), Proof of Address (POA) and Proof of Date of Birth (DOB) I/We have enclosed AADHAAR Card issued by as proof of identity, AADHAAR Card issued by UIDAI as proof of address and AADHAAR Card issued by UIDAI 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 to be submitted as [Annexure A, Annexure B & Annexure C are to be used wherever applicable] I/We AKLIMA BIBI 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: BADURIA	Represel Full nam been giv Full Nar Please s Last Nai First Na Middle 1 Addres Flat / Re	me (Full exposed to the come (Full exposed t	essee (RA) of the Representation 1-13. panded nare as applied Block No. Building / No.	esenta me : in cable	ativ	Busi e Ass als ar	ness/lessee	Profe	ess no is	s asse	ssibl	e un	nder 1	(For	Code	Та	x Act				the	<u></u>	ncom	e fro	m O		
State / Union Territory 5 Documents submitted as Proof of Identity (POI), Proof of Address (POA) and Proof of Date of Birth (DOB) I/We have enclosed AADHAAR Card issued by as proof of identity, AADHAAR Card issued by UIDAI as proof of address and AADHAAR Card issued by UIDAI 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 to be submitted as [Annexure A, Annexure B & Annexure C are to be used wherever applicable] I/We AKLIMA BIBI the applicant, in the capacity of HIMSELF/HERSELF do hereby declare that what is stated above is true to the best of my/our information and belief. Place: BADURIA	Full nambeen gives Full Name of Road /	ntative Ass ne, address ven in the co me (Full exp select title, [me / Surnan ame Name ss oom / Door of Premises Street / Lan	essee (RA) of the Representation 1-13. panded nar as applied A Block No. Building / Ve/Post Office	ne : în cable Village	ativ	Busi e Ass als ar	ness/lessee	Profe	ess no is	s asse	ssibl	e un	nder 1	(For	Code	Та	x Act				the	<u></u>	ncom	e fro	m O		
I/We have enclosed AADHAAR Card issued by 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 to be submitted as [Annexure A, Annexure B & Annexure C are to be used wherever applicable] [I/We AKLIMA BIBI	Represel Full nam been giv Full Nar Please s Last Nai First Na Middle N Addres Flat / Re Name of Road / L	me (Full expense) select title, from / Surnange Name Name Soom / Door / of Premises Street / Lange Locality / Tal	essee (RA) of the Reprodumn 1-13. panded nare as appliance / Block No. / Building / No. e/Post Officuka/ Sub- D	ne : în cable Village	ativ	Busi e Ass als ar	ness/lessee	Profe	ess no is	s asse	ssibl	e un	nder 1	(For	Code	Та	x Act				the	<u></u>	ncom	vhose	m O	rticul	
as proof of identity, AADHAAR Card issued by UIDAI as proof of address and AADHAAR Card issued by UIDAI 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 to be submitted as [Annexure A, Annexure B & Annexure C are to be used wherever applicable] I/We AKLIMA BIBI The applicant, in the capacity of HIMSELF/HERSELF do hereby declare that what is stated above is true to the best of my/our information and belief. Place: BADURIA	Represel Full nam been giv Full Nar Please s Last Nai First Na Middle t Addres Flat / Re Name o Road / Area / L Town /	me (Full exposed to the come (Full exposed t	essee (RA) of the Representation 1-13. panded nare as applied Block No. Building / Ve/Post Office uka/ Sub- Dest	me : în cable Village e	nitia	Busine Ass	essee e not Shri	Profes, wh	ess mo is	s asserted) Sml	ssibl		Ku	[For	Code	a Ta	x Act	in	respond	ect of		<u></u>	ncom	vhose	m O	rticul	
as proof of address and AADHAAR Card issued by UIDAI 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 to be submitted as [Annexure A, Annexure B & Annexure C are to be used wherever applicable] [AKLIMA BIBI	Represel Full nam been giv Full Nar Please s Last Nai First Na Middle t Addres Flat / Re Name o Road / Area / L Town /	me (Full exposed to the come (Full exposed t	essee (RA) of the Representation 1-13. panded nare as applied Block No. Building / Ve/Post Office uka/ Sub- Dest	me : în cable Village e	nitia	Busine Ass	essee e not Shri	Profes, wh	ess mo is	s asseted) Sml	ssibl	s (P	Kulling (OA)	[For mari	Code	Tof	x Act	in	Birtl	ect of		pers	on, v	e fro	m O	rticul	
[Please refer to the instructions (as specified in Rule 114 of I.T. Rules, 1962) for list of mandatory certified documents to be submitted as [Annexure A, Annexure B & Annexure C are to be used wherever applicable] I/We AKLIMA BIBI I, 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: BADURIA	Full name of the control of the cont	me (Full exposed to the come (Full exposed t	essee (RA) of the Representation 1-13. panded nare as appliance / Block No. / Building / Ne/Post Office uka/ Sub- Dest ory tted as Pro	esenta me : in cable Village e Division	nitia	Busine Ass	essee e not Shri	Profes., wh	ess mo is mit	s asseted) Sml	ssibl	s (P	Kulling (OA)	[For mari	Code	Tof	x Act	in	Birtl	ect of		pers	on, v	e fro	m O	rticul	
[Annexure A, Annexure B & Annexure C are to be used wherever applicable] [AKLIMA BIBI	Full Name of Road / Last Road Road / Last Road Road Road Road Road Road Road Road	me (Full exposed to the come (Full exposed t	essee (RA) of the Reprodumn 1-13. panded nam as appliance / Block No. / Building / Ne/Post Office uka/ Sub- Dest ory tted as Product AAD	village e Oivision	ative	Busine Ass	essee e not Shri	Profes., who period and period an	ess mo is mitted.	s asserted) Smi	dress	s (Proroof	Ku Ku OA)	[For mari	Code	of AD	Date	in	Birtl	ect of		pers	on, v	e fro	m O	rticul	
If I/We AKLIMA BIBI , 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: BADURIA	Represel Full nam been giv Full Nar Please s Last Nai First Na Middle 1 Addres Flat / Re Name o Road / Area / L Town / State / Docume	me (Full eximal select title, Full eximal se	essee (RA) of the Repro- plumn 1-13. panded nare as appliance / Block No. / Building / Ne/ e/Post Office uka/ Sub- Dest ory tted as Pro-	village e	nitia AR	Busine Ass e Ass als ar nntity Carc	essee e not Shri (POI), (POI), d issu	Profes., who period a	ess mit	s asserted) Smi	dress	s (Pr	Ku K	[For mari]]] and P interest of the line	Code	of AD	Date HAA	in	Birtl	ect of	BB)	pers	on, v	e fro	m O e pa	rticul	ars !
do hereby declare that what is stated above is true to the best of my/our information and belief. Place: BADURIA	Represel Full nam been giv Full Nar Please s Last Nai First Na Middle N Addres Flat / Re Name o Road / L Town / State / Docume I/We ha as prod [Please	me (Full expense) select title, [me / Surnan ame Name Name Soom / Door of Premises Street / Lan Locality / Tal City / District Union Territ ients submit ave enclose of of addresse e refer to the	essee (RA) of the Representation 1-13. panded name / Block No. / Building / Ne/Post Official Uka/ Sub-Distrementation of the AAD and	village e OHAA DHAA	nitia nitia	Busine Ass e Ass als ar nntity Carc C	essee e not Shri (POI), d issu d issu in Ru	Profession with the period of	ess mo is mit	of Add	dres:	s (Proproof	OA) fof ice as pi	[For mari]]] and P interest of the line	Code	of AD	Date HAA	in	Birtl	ect of	BB)	pers	on, v	e fro	m O e pa	rticul	ars !
do hereby declare that what is stated above is true to the best of my/our information and belief. Place: BADURIA	Full name been give Full Name of Please State / Road / Area / Letter Town / State / Docume I/We had as proof [Please [Annex]	me (Full exposed of address of address of address of address of address of a feet to the cure A, Anner of the	essee (RA) of the Reprodumn 1-13. panded name / Block No. / Building / Ne/Post Office uka/ Sub- Dest ory tted as Produka/ Sub- Dest s and AAI e instruction: kure B & Anr	village e OHAA DHAA	nitia nitia	Busine Ass e Ass als ar nntity Carc C	essee e not Shri (POI), d issu d issu in Ru	Profession with the period of	ess mo is mit	of Add	dres:	s (Proproof	OA) OA)	[For mari]]] and P] and P [for list	roof date	of AD	Date HAA	in i	Birtl	n (DO)	B)	pers d by	on, v	e fro	m O e pa	rticul	ars !
Place: BADURIA	Full name been gived Full Name of Name	me (Full eximal	essee (RA) of the Representation 1-13. panded name / Block No. / Building / Ne/Post Official Uka/ Sub-Distrement 1-15. eight as Product 1-15. s and AAD as and AAD a	village e Division DHAA	nitia AR Spe	Busine Ass e Ass als ar characteristics Carcalled are to	essee e not Shri (POI), d issu d issu in Ru be use	Profession with the period of	by ther	of Add	dress as p	s (Process, 1 able)	Kulling (August 19962)	and P	Code come	of ADD of mail	Date HAA birth.	in i	Birtl	n (DO)	B)	pers d by	on, v	e fro	m O e pa	rticul	ars !
THE CO.	Full name been gived Full Name of Name	me (Full exime / Surname Name Name Name Scoom / Door Of Premises Street / Land Locality / Tal City / District Union Territ ients submit ave enclose of of address e refer to the kure A, Annes AKLIMA E	essee (RA) of the Representation 1-13. panded name / Block No. / Building / Ne/Post Official Uka/ Sub-Distrement 1-15. eight as Product 1-15. s and AAD as and AAD a	village e Division DHAA	nitia AR Spe	Busine Ass e Ass als ar characteristics Carcalled are to	essee e not Shri (POI), d issu d issu in Ru be use	Profession with the period of	by ther	of Add	dress as p	s (Process, 1 able)	Kulling (August 19962)	and P	Code come	of ADD of mail	Date HAA birth.	in i	Birtl	n (DO)	B)	pers d by	on, v	e fro	m O e pa	rticul	ars !
	Represel Full nam been giv Full Nar Please s Last Nai First Na Middle N Addres Flat / Re Name of Road / L Town / L State / L Town / L State / L Town / L Tow	whative Assone, addressone, ad	essee (RA) of the Reprodumn 1-13. panded name / Block No. / Building / Ne/Post Office uka/ Sub- Dest ory tted as Produka/ Sub- Dest s and AAI e instruction: kure B & Anr BIBI that what is	village e Division DHAA	nitia AR Spe	Busine Ass e Ass als ar characteristics Carcalled are to	essee e not Shri (POI), d issu d issu in Ru be use	Profession with the period of	by ther	of Add	dress as p	s (Process, 1 able)	Kulling (August 19962)	and P	Code come	of ADD of mail	Date HAA birth.	in i	Birtl	n (DO)	B)	pers d by	on, v	e fro	m O e pa	rticul	ars !
10/1/0/W 21/2/a	Represel Full nam been giv Full Nar Please s Last Nai First Na Middle N Addres Flat / Re Name of Road / L Town / L State / L Town / L State / L Town / L Tow	whative Assone, addressone, ad	essee (RA) of the Reprodumn 1-13. panded name / Block No. / Building / Ne/Post Office uka/ Sub- Dest ory tted as Produka/ Sub- Dest s and AAI e instruction: kure B & Anr BIBI that what is	village e Division DHAA	nitia AR Spe	Busine Ass e Ass als ar characteristics Carcalled are to	essee e not Shri (POI), d issu d issu in Ru be use	Profession with the period of	by ther	of Add	dress as p	s (Process, 1 able)	OA) fof ice as properties of information information information information information.	and P for list	roof AA	of AD city	Date HAA birth. and atom	in i	Birtl	n (DO	B)	pers d by	on, v	e fro	m O e pa	rticul	ars !



भारत सरकार GOVERNMENT OF INDIA



আকলিন্য বিবি AKLIMA BIBI জন্মভারিখ/ DOB: 01/01/1972 महिला / FEMALE



3267 6814 7626

আধার-সাধারণ মানুষের অধিকার



भारतीय विशिष्ट पहचान प्राधिकरण UNIQUE IDENTIFICATION AUTHORITY OF INDIA

W/O: সিরাজুল মণ্ডল, গুড়দহ, উক্তমহ, উত্তর ২৪ প্রস্লা. West Bengai -743401 পশ্চিম বঙ্গ - 743401

Address:

3267 6814 7626

Aadhaar-Aam Admi ka Adhikar

APPINE POPULA