



Application Number: U-Q012423567

Payment Reference: UTIKYFTQX5762065515 / PY01190

Payment Date: 19/12/2023 09:10:01

Amount:

Rs.:107.00/-

Application Date: 19/12/2023

User ID: MOHAM6718

User Name: MOHAM6718

Application Source: EWALLET - B48 - RAR ONLINEPSA COMM

PAN Card Mode: Both physical PAN and e-PAN Card

Application Mode: Physical Application



Request For New PAN Card Or/ And Changes Or Correction in PAN Data

Permanent Account Number (PAN)

EX L P R 0 5 1 9 F

Please read Instructions 'h' & 'i' for selecting boxes on left margin of this form.

- ☐ 1 Full Name (Full expanded name to be mentioned as appearing in proof of identity/address documents: initials are not permitted)

Please select title,

☒ as applicable☒ Shri☐ Smt☐ Kumari☐ M/s

Last Name / Surname

R A H A M A N

First Name

H A B I B U R

Middle Name

Name you would like it printed on the PAN card

H A B I B U R R A H A M A N

- ☒ 2 Details of Parents (applicable only for individual applicants),
Father's Name : (Mandatory, Even married women should fill in father's name only)

Last Name / Surname

A L I

First Name

J E B E D

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 PAN card (select one only)

(In case no option is provided then PAN card will be Issued with father's name)

☒ Father's name☐ Mother's Name

(Please tick as applicable)

- ☒ 3 Date of Birth/Incorporation/Agreement/Partnership/Trust Deed/
Formation of Body of individuals or Association of Persons

Day

Month

Year

0 1

0 1

1 9 6 0

- ☐ 4 Gender (for 'Individual' applicant only) ☒ Male ☐ Female ☐ Transgender (Please tick as applicable)

- ☒ 6 Signature Mismatch

- ☒ 7 Address for Communication

- ☒ Residence ☐ Office

(Please tick as applicable)

Name of Office (to be filled only in case of office address)

Flat/Room/ Door / Block No.

C / O - J E B E D A L I

Name of Premises/ Building/Village

B R A H M A N S H A S A N

Road/Street/ Lane/Post Office

B R A H M A N S H A S A N

Area / Locality / Taluka / Sub- Division

K A R I M G A N J

Town / City / District

K A R I M G A N J

State / Union Territory

ASSAM

Pincode / Zip code

7 8 8 7 2 2

Country Name

INDIA

- ☐ 8 If you desire to update your other address also, give required details in additional sheet.

- ☐ 9 Telephone Number & Email ID details

Country code

Area/STD/Code

Telephone / Mobile number

9 1

7 6 3 6 8 2 4 4 3 4

Email ID

ARATIQURRAHMAN5@GMAIL.COM

- ☒ 10 AADHAAR number (if allotted)

Name as per AADHAAR letter/card

8 5 9 3 3 0 0 7 9 8 1 9

H A B I B U R R A H A M A N

- ☐ 11 Mention other Permanent Account Numbers (PANs) inadvertently allotted to you

PAN 1

PAN 2

PAN 3

PAN 4

- ☐ 12 Verification

I/We HABIBUR RAHAMAN, 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.

I/We have enclosed 1 (number of documents) in support of proposed changes/corrections.


Place KARIMGANJ


D D M M Y Y Y Y


Date 1 9 1 2 2 0 2 3

হাবিবুর রহমান

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


 भारतीय निर्वाचन आयोग
 ELECTION COMMISSION OF INDIA
 ভোটার ফটো পরিচয় পত্র
 ELECTOR PHOTO IDENTITY CARD

DML1926541 



ভোটারের নাম / Elector's Name
হাবিবুর রহমান
HABIBUR RAHAMAN

সম্পর্কিত ব্যক্তির নাম / Relation Name
জবেদ আলী
JEBED ALI

লিঙ্গ / Sex : পুরুষ / Male
 Date of Birth / Age : 53 Yrs
 ঠিকানা: গ্রাম/শহর - ব্রাহ্মণ বাসম (ব্লক-2) থানা -
 নিলামবাজার মহকুমা- করিমগঞ্জ জেলা- কবিমগঞ্জ
 (আসাম)
 Address: Vill./Town -
BRAHMANSHASAN Bk. - 2 P.S. -
Nilambazar Sub-Divn. - Karimganj Dist.
- KARIMGANJ (Assam)

Date : 10/1/2013 Electoral Registration Officer
 বিখ্যাত সভা সমিতির নম্বর এবং নাম : 3, উত্তর কবিমগঞ্জ

Assembly Constituency : 3, KARIMGANJ NORTH
 No. and Name

খণ্ড নম্বর এবং নাম : 197, 723 নং জমকল্যান
 এল.পি.স্কুল (ডানদিক)
 Part No. : 197, 723 NO. JANAKLYAN L.P.
 and Name School (Right)

টিকা: (ক) কেবল এই পত্রটি পরিচয় পত্র মাত্র থাকিলেই সাময়িক প্রস্তাবিত ভোটারের তালিকায় অন্তর্ভুক্ত
 হইতে পারেন। (খ) এই পত্রটি ভোটারের তালিকায় অন্তর্ভুক্ত হইতে পারেন। (গ) এই পত্রটি ভোটারের
 তালিকায় অন্তর্ভুক্ত হইতে পারেন। (ঘ) এই পত্রটি ভোটারের তালিকায় অন্তর্ভুক্ত হইতে পারেন।
 (ঙ) এই পত্রটি ভোটারের তালিকায় অন্তর্ভুক্ত হইতে পারেন।

Note: (a) Mere possession of this card is no guarantee that you
 are elector in the current electoral roll. Please check your name
 in the current electoral roll before every Election. (b) Date of birth
 mentioned in this card shall not be treated as proof of age
 D.O.B. for any purpose other than registration in electoral roll.

38-003 197 021



भारत सरकार
Government of India

Issue Date: 21/11/2020



Habibur Rahaman
DOB: 01/01/1960
Male

UIDAI



8593 3007 9819

मेरा , मेरा पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Print Date: 09/07/2021

Address: C/O: Jebed Ali, Vill-
Brahmanshasan P.O-Brahmanshasan
Brahmanshasan PI B-1, Karimganj,
Assam, 788722



8593 3007 9819



1947



help@uidai.gov.in



www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
EXLPR0519F



नाम / Name
HABIBUR RAHAMAN

पिता का नाम / Father's Name
JABED ALI

जन्म की तारीख / Date of Birth
05/10/1965

हस्ताक्षर / Signature

14645

24/05/2017