



Application Number: U-Q016623505

Payment Reference: UTIWSIRUV59261172661 / PY0142

Payment Date: 25/10/2024 08:48:28

User ID: SANJU16351

Amount:

Rs.:107.00/-

Application Date: 25/10/2024

User Name: SANJU16351

Application Source: EWALLET - B48 - RAF

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)

S H V P S 0 5 0 5 Q

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

Arun Singha

Signature/Left thumb impression

Last Name / Surname

S I N G H A

First Name

A R U N

Middle Name

Name you would like it printed on the PAN card

A R U N S I N G H A

- ☐
- 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

S I N G H A

First Name

K A L T H U

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

1 1

Month

0 6

Year

2 0 0 6

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

- ☒
- 5 Photo Mismatch

- ☒
- 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.

Name of Premises/ Building/Village

Road/Street/ Lane/Post Office

Area / Locality / Taluka / Sub- Division

Town / City / District

State / Union Territory

WEST BENGAL

Pincode / Zip code

7 3 3 2 0 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

9 1

Area/STD/Code

9 1

Telephone / Mobile number

8 8 5 1 6 9 1 8 4 8

Email ID

sanjukumartkg21@gmail.com

- ☐
- 10 AADHAAR number (if allotted)

Name as per AADHAAR letter/card

6 7 4 1 7 7 0 4 7 4 2 7

A R U N S I N G H A

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

PAN 1

PAN 2

PAN 3

PAN 4

☐ 12 Verification

I/We ARUN SINGHA, 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 2 (number of documents) in support of proposed changes/corrections.

Place PURBA BASTI KHABARGAON

	D	D	M	M	Y	Y	Y	Y
Date	2	5	1	0	2	0	2	4


Arun Singha

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

भारत सरकार
Government of India

आधार

Issue Date: 12/04/2016



ARUN SINGHA
Date of Birth/DOB: 11/06/2006
Male/ MALE

6741 7704 7427
VID : 9132 6978 6869 0495

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

आधार

Download Date: 07/04/2023

Address:
S/O: Kalthu Singha, PURBABASTI, DIMRULLA,
Khabargaon, Uttar Dinajpur,
West Bengal - 733202



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VID : 9132 6978 6869 0495

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Arun Singha