		1.00	202			nce:	-			A Real Property lies	-			172	266	1/6	ואי	)14								
201662350	55	-	ymer		ite:		2	5/10	)/2	024			28	00	1							-	F	05/1	0/2	02
er ID: SANJU16351		An	noun	t:			L		-			-			-								te:	25/1	0/2	024
er Name: SANJU163				-	-		-				1.5					EWA				-	_					
N Card Made Poth physi	ical F	PAN	and	e-	PAN	Ca	ard		-		App	lica	tion	Mod	e: F	Phys	ical	App	olica	tion						
Re	eque					Pe	H	ane V	nt A	S	nt N 0	uml 5	oer (F	PAN)	2					Data	a			1 1. C		5
		Plea	ase re	ad I	nstru	cuor	15 1	na	1 10	r sele	cung	00)	(es o	n len	i mar	gin of	Inis	IOIT		1			C	2.		0
1 Full Name (Full expand documents: initials are					ntion	ed a	is a	ppe	arir	in in	oroot	of	ident	ity/a	ddre	SS		1	1	18	Ľ	n	0	>1	n	T
	as appli	A 195-5	nueu	~	Shri		Г	s	mt	Г	TKI	ima	ri		M/	s	-	-	5-1	Signa	ture/Le	A thum	b impre	ssion		
Last Name / Surname	S	1 1	V G	H	A				Γ			T	T	T	-	IT	T	T	T	T	1	1	1			
First Name	-		JN		-							1		+				-		1	-	-	1			
Middle Name	H			1					-			+		1	1			-		1	1					
Name you would like it p		1 1		-	ard		-							-										-	-	-
ARUNSI	I N	G	H	4					-	-	-											-	-		-	
		Ļ					1		1	_		-											1	1	1	
2 Details of Parents (ap Father's Name : (Ma	andat	ory,	nly fo Even	r ind mai	rried	al ap wor	ner	cant 1 sh	s), ouli	d fill i	n fat	her	's na	me c	only)											
Last Name / Surname	е				S	and so that a prove of		and the second	Н	A																
First Name					K	A	L	T	H	U				_	-			_	-	_	-	-	-			
Middle Name								1		1		1				1							1			
Advanta Atvanta Atvanta fanal	45				forestorie a	ference in the	Constant and	- de commentes	Arrestor	himing	-	k-	-		- Arrenter	Accordent	-	unridano	And a second second second		Arrent	-	-	Linit	Burnarored and	
Mother's Name (opt		)						1	1		1		1	T	1	F T	T	T	T	T	T	T	T			<b></b>
Mother's Name (opt Last Name / Surname First Name		)													1				1							
Last Name / Sumamo First Name Middle Name	e																									
Last Name / Sumame First Name Middle Name Select the name of e	e aither f	ather													1			-								
Last Name / Sumame First Name Middle Name Select the name of e (In case no option is	ie hither f provid	ather	hen P	AN	card	will t	be I	ssue	ed w	vith fa			me)	V	Fat	her's	nam	-	_		r's N	lame	Э (F	Thease	tick a	s app
Last Name / Sumame First Name Middle Name Select the name of e (In case no option is	ie hither f provid	ather	hen P	AN	card	will t	be I	ssue	ed w	vith fa				V	Fat		nam	-	Yea	r	r's N	lame	÷ (P	Piease	tick a	s app
Last Name / Sumame First Name Middle Name Select the name of e (In case no option is 3 Date of Birth/Incorpor Formation of Body of	e ither f provid ation/ <b>indiv</b>	athei ded ti Agre idua	hen P emei Is or	AN ht/Pa Ass	artne ociat	will b rshi tion	p/T of	ssue	Decion:	vith fa ed/ s	ther's	na	me) Da	<b>y</b> 1	Fat	her's <b>Ionth</b> D 6	nam ]	e [ 2	Yea 0	r	6			Please		
Last Name / Sumame First Name Middle Name Select the name of e (In case no option is 3 Date of Birth/Incorport Formation of Body of 4 Gender (for 'Individua	e ither f provid ation/ <b>indiv</b>	ather ded ti Agre idua	hen P emei Is or nt on	AN ht/Pa Ass ly)	card or artne ociat	will t rshi tion Mal	p/T of le	ssue rust Pers	Decion: on: Fe	vith fa ed/ s emale	ther's	na	me) Da	y 1 sgen	Fat	her's <b>Ionth</b> D 6	nam ] kkas	e [ 2] applica	Yea 0	r 0 0	6	Ph	oto	Misn	natc	h
Last Name / Sumame First Name Middle Name Select the name of e (In case no option is 3 Date of Birth/Incorpor Formation of Body of 4 Gender (for 'Individua 6 Signature Mismatch	e either f provic ation/ indiv al' app	ather ded ti Agre idua plica	hen P emei Is or nt on 7 Ad	AN ont/Pa Ass ly) dres	card or artne ociat	will t rshi tion Mal	p/T of le	ssue rust Pers	Decion: on: Fe	vith fa ed/ s emale	ther's	na	me) Da	y 1 sgen	Fat	her's <b>Ionth</b> D 6	nam ] kkas	e [ 2] applica	Yea 0	r 0 0	6	Ph	oto		natc	h
Last Name / Sumame First Name Middle Name Select the name of e (In case no option is 3 Date of Birth/Incorpor Formation of Body of 4 Gender (for 'Individua 6 Signature Mismatch Name of Office (to be filled only i	e bither f provic ation/ indiv al' app [ in case o	ather ded ti Agre idua plica	hen P emei Is or nt on 7 Ad	AN ont/Pass Ass ly) dres	artne ociat	will t rshi tion Mal	p/T of le	rust Pers	Decion: on: Fe	vith fa ed/ emale on	ther's	i na	me) Da 1	y 1 sgen	Fat	her's <b>Ionth</b> D 6	nam ] kkas	e [ 2] applica	Yea 0	r 0 0	6	Ph	oto	Misn	natc	h
Last Name / Sumamo First Name Middle Name Select the name of e (In case no option is 3 Date of Birth/Incorport Formation of Body of 4 Gender (for 'Individua 6 Signature Mismatch Name of Office (to be filled only i Flat/Room/ Door / Block N	e bither f provic ation/ indiv al' app al' app in case o lo.	father ded ti Agre idua plica plica	hen P emei Is or nt on 7 Ad	AN Ass ly) dres	artne ociat	will t rshi tion Mal Cor R	p/T of le B	rust Pers nuni A	Decions Decions Fe	ed/ emale on B	ther's	i na	me) Da [1] Trans - 1	y 1 sgen	Fat	her's <b>Ionth</b> D 6	nam ] kkas	e [ 2] applica	Yea 0	r 0 0	6	Ph	oto	Misn	natc	h
Last Name / Sumame First Name Middle Name Select the name of e (In case no option is 3 Date of Birth/Incorpor Formation of Body of 4 Gender (for 'Individua 6 Signature Mismatch Name of Office (to be filled only i	e bither f provic ation/ indiv al' app al' app in case o lo.	father ded ti Agre idua plica plica	hen P emei Is or nt on 7 Ad	AN ont/Pass Ass ly) dres	artne ociat s for U	will t rshi tion Mal Cor R A	p/T of le B B	rust Pers iuni A A	Decions Decions Fe	enter ente enter enter	ther's	i na	me) Da [1] Trans - 1	y 1 sgen	Fat	her's <b>Ionth</b> D 6	nam ] kkas	e [ 2] applica	Yea 0	r 0 0	6	Ph	oto	Misn	natc	h
Last Name / Sumamo First Name Middle Name Select the name of e (In case no option is 3 Date of Birth/Incorport Formation of Body of 4 Gender (for 'Individua 6 Signature Mismatch Name of Office (to be filled only i Flat/Room/ Door / Block N	e provic ation/ indiv al'app al'app lo.	father ded ti Agre idua plica plica	hen P emei Is or nt on 7 Ad	AN Ass ly) dres	artne ociat s for U	will t rshi tion Mal Cor R A	p/T of le B	rust Pers nuni A A U	ed w Decions Fe cati	vith fa ed/ s emale on B / G / L /	ther's	i na	me) Da [1] Trans - 1	y 1 sgen	Fat	her's <b>Ionth</b> D 6	nam ] kkas	e [ 2] applica	Yea 0	r 0 0	6	Ph	oto	Misn	natc	h
Last Name / Sumame First Name Middle Name Select the name of e (In case no option is 3 Date of Birth/Incorpor: Formation of Body of 4 Gender (for 'Individua 6 Signature Mismatch Name of Office (to be filled only i Flat/Room/ Door / Block N Name of Premises/ Buildir	e either f provic ation/ indiv al' app al' app alo. In case o lo. Ing/Villa	ather ded ti Agre idua plica foffice of age	hen P emei is or nt on 7 Ad address)	AN Ass ly) dres P K	artne ociat s for U	Mall t Mal Cor R A	p/T of le B B R	rust Pers nuni A A U	ed w Decons ons Fe cati	enter ente enter enter	A S A C	i na	me) Da [1] Trans - 1	y 1 sgen	Fat	her's <b>Ionth</b> D 6	nam ] kkas	e [ 2] applica	Yea 0	r 0 0	6	Ph	oto	Misn	natc	h
Last Name / Sumame First Name Middle Name Select the name of e (In case no option is 3 Date of Birth/Incorport Formation of Body of 4 Gender (for 'Individua 6 Signature Mismatch Name of Office (to be filled only Flat/Room/ Door / Block N Name of Premises/ Buildin Road/Street/ Lane/Post Of	e either f provic ation/ indiv al' app al' app alo. In case o lo. Ing/Villa	ather ded ti Agre idua plica foffice of age	hen P emei is or nt on 7 Ad address)	AN of the second	artne ociat s for U H S	will t rshi tion Mal Cor R R R I N I	p/T of le B B R A A	rust Pers Junio A A U U R	ed w Decions ons Fe cati	ith fa ed/ semale on B / G / U f D	ther's		me) Da 1 Trans	y 1 sgen	Fat	her's <b>Ionth</b> D 6	nam ] kkas	e [ 2] applica	Yea 0	r 0 0	6	Ph	oto	Misn	natc	h
Last Name / Sumame First Name Middle Name Select the name of e (In case no option is <b>3 Date of Birth/Incorport</b> <b>Formation of Body of</b> <b>4 Gender (for 'Individua</b> <b>6 Signature Mismatch</b> Name of Office (to be filled only in Flat/Room/ Door / Block N Name of Premises/ Buildin Road/Street/ Lane/Post Of Area / Locality / Taluka / S Town / City / District State / Union Territory	e either f provic ation/ indiv al' app al' app alo. In case o lo. Ing/Villa	ather ded ti Agre idua plica foffice of age	hen P emei is or nt on 7 Ad address)	AN (Ass Ass ly) dres P K D	artne ociat s for U H S	will t rshi tion Mal Cor R R R I N I	p/T of le B B R A A	rust Pers nuni A A U U M R Pinc	ed w Deconsions Fe cati R L P	vith fa ed/ semale on B / G / L / U f D / Zip	A S A C A C A C		me) Da [1] Trans -    J	V 1 sgen V P Cou	Fat M (( Res	her's <b>Ionth</b> ) 6 (Please t idence R Name	nam	e [ 2] applica	Yea 0	r 0 0	6	Ph	oto	Misn	natc	h
Last Name / Sumame First Name Middle Name Select the name of e (In case no option is <b>3 Date of Birth/Incorpor:</b> <b>Formation of Body of</b> <b>4 Gender (for 'Individua</b> <b>6 Signature Mismatch</b> Name of Office (to be filled only in Flat/Room/ Door / Block N Name of Premises/ Buildir Road/Street/ Lane/Post Of Area / Locality / Taluka / S Town / City / District State / Union Territory WEST BENGAL	e bither f provic ation/ 'indiv al'app al'app lo. ng/Villi office Sub- D	ather ded the ded the ded the defined age	hen P permei ls or nt on 7 Add address)	AN of the second	card fractional control of the second	Mall t Mal Cor R A I L J	p/T of le mm B B B R A A A	rust Pers Junio A A U U M R Pinc 7	ed w Decions Fe cati R L P ode 3	vith fa ed/ emale on B / G / U f D / Zip 3	A S A C A S A C A C A C A C A C A C A C A C A C C A C C C C		me) Da 1 1 Trans	V 1 sgen V P Cou	Fat M ( der Res U U U U	her's donth 0 6 (Please t idence R Name	nam	e [ 2] applica	Yea 0	r 0 0	6	Ph	oto	Misn	natc	h
Last Name / Sumame First Name Middle Name Select the name of e (In case no option is 3 Date of Birth/Incorpor- Formation of Body of 4 Gender (for 'Individual 6 Signature Mismatch Name of Office (to be filled only in Flat/Room/ Door / Block N Name of Premises/ Buildin Road/Street/ Lane/Post Office Area / Locality / Taluka / S Town / City / District State / Union Territory WEST BENGAL 8 If you desire to update	e either f provic ation/ indiv al' app al' app	ather ded ti Agre idua plica of office age ivisio	hen P permer Is or nt on 7 Add address)	AN of the second	artne oociat s for U H I S T	will t rshij tion Mai Cor R A I L I I I I I O, gi	p/T of le mm B B B R A A A ive	rust Pers A A U U M R Pinc 7	ed w Decions ons Fe cati R L P ode 3 uire	vith fa ed/ s emale on B / C / U F D / Z ip 3 d d det	A S A C A S A C A C A C A C A C A C A C A C A C A C		me) Da 1 1 Trans	V 1 sgen V P Cou	Fat M ( der Res U U U U	her's donth long (Please t idence R Name t.	nam		Yea 0 ble ffice		6	Ph( (Plea	oto	Misn	natc	h
Last Name / Sumame First Name Middle Name Select the name of e (In case no option is <b>3 Date of Birth/Incorpor:</b> Formation of Body of <b>4 Gender (for 'Individua</b> <b>6 Signature Mismatch</b> Name of Office (to be filled only i Flat/Room/ Door / Block N Name of Premises/ Buildir Road/Street/ Lane/Post Of Area / Locality / Taluka / S Town / City / District State / Union Territory WEST BENGAL	e either f provic ation/ indiv al' app al' app	ather ded ti Agre idua plica of office age ivisio	hen P permer Is or nt on 7 Add address)	AN of the second	artne ociat s for U H I S T S s als Cour	will t rshij tion Mal Cor R A I L T T J	p/T of le mm B B B R A A A ive	rust Pers A A U U M R Pinc 7	ed w Decions Fe cati R L P ode 3 uire	vith fa ed/ s emale on B / C / U f D / Zip 3 d det sa/ST	A S A C A S A C A C A C A C A C A C A C A C A C A C		me) Da 1 1 Trans	V 1 sgen V P Cou	Fat M ( der Res U U U U	her's lonth lonth (Please t idence R Name t. Telep	hon		Yea 0 bite) ffice		6 ] 5	Phe (Plea	oto	Misn	natc	h
Last Name / Sumame First Name Middle Name Select the name of e (In case no option is 3 Date of Birth/Incorpora Formation of Body of 4 Gender (for 'Individual 6 Signature Mismatch Name of Office (to be filled only in Flat/Room/ Door / Block N Name of Premises/ Buildin Road/Street/ Lane/Post Office Area / Locality / Taluka / S Town / City / District State / Union Territory WEST BENGAL 8 If you desire to update	e either f provic ation/ indiv al' app al' app	ather ded the ded the ded the ded the ded the age ivision	hen F pereis or nt on 7 Add address)	AN of the second	card i artne ociat s for U H I I S T S S T S als Cour	will t rshi tion Mal Cou R A I A I L J T J o, gi atry c	p/T of le mm B B B R A A A A A A	rust Pers nuni A A A U M R Pinc 7 requ	ed w Decisions Fe cati R L P ode 3 uire 9	vith fa ed/ semale on B / G / L / Zip 3 d det a/ST1	A S A C A S A S A C A S A S A S A S A S A S A S A S A S A S	ina	me) Da 1 1 Trans 1 1 2 dditic	V 1 sgen V P Cou	Fat M ( der Res U U U U	her's lonth D 6 (Please t idence R R Name	hon		Yea 0 bite) ffice		6	Ph( (Plea	oto	Misn	natc	h
Last Name / Sumamu First Name Middle Name Select the name of e (In case no option is <b>3 Date of Birth/Incorport</b> <b>Formation of Body of</b> <b>4 Gender (for 'Individua</b> <b>6 Signature Mismatch</b> Name of Office (to be filled only Flat/Room/ Door / Block N Name of Premises/ Buildin Road/Street/ Lane/Post Of Area / Locality / Taluka / S Town / City / District State / Union Territory WEST BENGAL <b>8 If you desire to update</b> <b>9 Telephone Number &amp; I</b>	e either f provic ation/ indiv al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app al'app	ather ded ti Agre idua plica of office age ivisio	hen P permer Is or nt on 7 Add address) on er add etails mail I	AN of the second	artne ociat s for U H I S S T S als Cour 9 Sar	will t rshi tion Mal Cor R A I M I L / T / T / T / T / T / T / T / T	p/T of le mm	rust Pers nunit A A A U U M R Pinc 7 requ	ed w Devices cations Fe cations R L P ode 3 uire 9 kg2	vith fa ed/ s emale on B / C	A S A C A S A C A C A C A C A C A C A C A C A C A C	ina A A A A A A A A A A A A A	me) Da I I Trans	V 1 sgen V P Cou IN	Fat	her's lonth lonth (Please t idence R R Name t. Telep 8	hon		Yea 0 bite) ffice		6 ] 5	Phe (Plea	oto	Misn	natc	h
Last Name / Sumame First Name Middle Name Select the name of e (In case no option is 3 Date of Birth/Incorpora Formation of Body of 4 Gender (for 'Individual 6 Signature Mismatch Name of Office (to be filled only in Flat/Room/ Door / Block N Name of Premises/ Buildin Road/Street/ Lane/Post Office Area / Locality / Taluka / S Town / City / District State / Union Territory WEST BENGAL 8 If you desire to update	e either f provic ation/ indiv al'app al'app in case o lo. ng/Villa ffice Sub- D Sub- D e your Email	ather ded ti Agree idua plica I office age ivisio	hen F permer Is or nt on 7 Add address) on er add etails mail I	AN of the second	artne ociat s for U H I S T S s als Cour 9 Sar 6	will t rshi tion Mal Cor R A I Cor A I I I I I I I I I I I I I I I I I I	p/T of le mm B B B R A A A ive ode	rust Pers nuni A A A U M R Pinc 7 requ	ed w Decisions Fe cati R L P ode 3 uire 9	vith fa ed/ semale on B // G // L // U F D / Zip 3 d det sa/ST 1 21@ 7 7 7	ther's	ina A A A A A A A A A A A A A	me) Da 1 1 Trans 1 1 2 dditic com 7	V 1 sgen V P Cot IN	Fat M ( der Res U U U U	her's lonth lonth (Please t idence R Name t. Telep	hon		Yea 0 bite) ffice		6 ] 5	Phe (Plea	oto	Misn	natc	h
Last Name / Sumamu First Name Middle Name Select the name of e (In case no option is <b>3 Date of Birth/Incorpor:</b> <b>Formation of Body of</b> <b>4 Gender (for 'Individua</b> <b>6 Signature Mismatch</b> Name of Office (to be filled only in Flat/Room/ Door / Block N Name of Premises/ Buildin Road/Street/ Lane/Post Of Area / Locality / Taluka / S Town / City / District State / Union Territory WEST BENGAL <b>8 If you desire to update</b> <b>9 Telephone Number &amp; I</b>	e either f provic ation/ indiv al'app al'app in case o lo. ng/Villa ffice Sub- D Sub- D e your Email	ather ded ti Agree idua plica I office age ivisio	hen F permer Is or nt on 7 Add address) on er add etails mail I	AN of the second	artne ociat s for U H I S S T S als Cour 9 Sar	will t rshi tion Mal Cor R A I Cor A I I I I I I I I I I I I I I I I I I	p/T of le mm	rust Pers nunit A A A U U M R Pinc 7 requ	ed w Devices cations Fe cations R L P ode 3 uire 9 kg2	vith fa ed/ s emale on B / C	A S A C A S A C A C A C A C A C A C A C A C A C A C	ina A A A A A A A A A A A A A	me) Da I I Trans	V 1 sgen V P Cot IN	Fat	her's lonth lonth (Please t idence R R Name t. Telep 8	hon		Yea 0 bite) ffice		6 ] 5	Phe (Plea	oto	Misn	natc	h
Last Name / Sumamu First Name Middle Name Select the name of e (In case no option is <b>3 Date of Birth/Incorpor:</b> <b>Formation of Body of</b> <b>4 Gender (for 'Individua</b> <b>6 Signature Mismatch</b> Name of Office (to be filled only in Flat/Room/ Door / Block N Name of Premises/ Buildin Road/Street/ Lane/Post Of Area / Locality / Taluka / S Town / City / District State / Union Territory WEST BENGAL <b>8 If you desire to update</b> <b>9 Telephone Number &amp; I</b>	e either f provic ation/ indiv al'app al'app in case o lo. ng/Villa ffice Sub- D Sub- D e your Email	ather ded ti Agree idua plica I office age ivisio	hen F permer Is or nt on 7 Add address) on er add etails mail I	AN of the second	artne ociat s for U H I S T S s als Cour 9 Sar 6	will t rshi tion Mal Cor R A I Cor A I I I I I I I I I I I I I I I I I I	p/T of le mm B B B R A A A ive ode	rust Pers nuni A A A U M R Pinc 7 requ	ed w Devices cations Fe cations R L P ode 3 uire 9 kg2	vith fa ed/ semale on B // G // L // U F D / Zip 3 d det sa/ST 1 21@ 7 7 7	ther's	ina A A A A A A A A A A A A A	me) Da 1 1 Trans 1 1 2 dditic com 7	V 1 sgen V P Cot IN	Fat	her's lonth lonth (Please t idence R R Name t. Telep 8	hon		Yea 0 bite) ffice		6 ] 5	Phe (Plea	oto	Misn	natc	h
Last Name / Sumamu First Name Middle Name Select the name of e (In case no option is 3 Date of Birth/Incorpora Formation of Body of 4 Gender (for 'Individua 6 Signature Mismatch Name of Office (to be filled only Flat/Room/ Door / Block N Name of Premises/ Buildin Road/Street/ Lane/Post Of Area / Locality / Taluka / S Town / City / District State / Union Territory WEST BENGAL 8 If you desire to update 9 Telephone Number & I	e aither f provic ation/ 'indiv al' app in case o lo. ng/Vill ffice Sub- D Sub- D e your Email DHAA	ather ded ti Agre idua plica age ivisio ivisio ID d En tted) R let	hen P permer Is or nt on 7 Add address) 7 Add address) 0 n er add etails mail I ter/ca	AN Int/Pass Iy) dress P K D I U U dress D dress	artne ociat s for U H I S T S als Cour 9 Sar 6 A	will t rshi tion Mai Cor R A I M I I T I N I I njuk 7 R	p/T of le mm B B B R A A ive ode	ssue rust Pers nuni A A U U M R Pinc 7 require nart	ed w Decisions Fe cati R L P ode 3 uire Are 9 kg2	vith fa ed/ semale on B / C / L / U F D U F D U F D U F D U F 21@ 7 7 7 7 5	A S A C A S A C A C A C A C A C A C A C A C A C A C	ill.cc	me) Da 1 Trans 1 1 1 2 dditic com 7 3 H	P Cot IN A A	Fat	her's lonth lonth (Please t idence R R Name t. Telep 8	hon		Yea 0 bite) ffice		6 ] 5	Phe (Plea	oto	Misn	natc	h

I/We A	RUN SINGHA	, the applicant, in the capacity of HIMSELF/HERSELF
do herel	by declare that what is stated above is true to	
I/We have	e enclosed 2 (number of documents)	in support of proposed changes/corrections.
Place	PURBA BASTI KHABARGAON	1 0 1
	DDMMYYYY	Hown Singha
Date	2 5 1 0 2 0 2 4	9.00







\* 9 9