		pplication	Numb	er:A	103	1862	37								T									
	Application Number: A103186287 Payment Reference: UTIRWUJYZ81910186645 / PY014552331									1	Inward Namber Per Gode													
٦	A103186287 Payment Date: 17/12/2024 Rs 107.00/-																							
	ication Source: EWALLET - B48 - RAR ONLINEPSA COMMUNICATIONS PVT LTD Application										Dat	te:[1	7/1:	2/202	24									
User	Id: BIMLE10083	Jser Name:	BIM	LE1	008	3													1					
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						Form			Ą				68	<u></u> ,	0100	<u></u>		T	-					
	Application for Allotment of Permanent Account Number [In the case of Indian Citizens/ Indian Companies/ Entities incorporated in India/ Unincorporated entities formed in India] See Rule 114 To avoid mistakes, please follow the accompanying instructions and examples before filling up the form Assessing officer (AO code)											e e e e e			k									
NN-	Area co		AO t	ype	-	Ran	ge c	ode		AC	No	0									3	Z		
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Sir, I/We hereby request that a Permanent Account Number be allotted to me/us. I/We give below necessary particulars:											Div								ya sinegk.					
1	Full Name (Full expanded name	to be ment	entioned as appearing in proof of identity														Signature/Left Thumb Impression							
	Please select litle, 🗸 as applical	ble	Shri	1101		Smt.	Γ	Кил		Ē	M/s		arsi L	атр чт) 4 а				81° 8						
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	Middle Name									TT	1				T					T		ľ		
2	Abbreviations of the above nam	ne, as you w	rould	like i	t, to	be prin	ted	on the	PAN	l card	1					L I						-		
		N G H																T						
3	Have you ever been known by a	iny other na	ime?			Yes	1.1.		No						(ple	ase	tick	as a	appl	icabl	e)			
	If yes, please give that other name	d ^{ell} a		1			1.			a the state of the														
	Please select title, 🖌 as applica	ble	Shri			Smt.		Kun	nari		M/s			1	1							_		
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4	Gender (for Individual applicant	ts only)			L	Male			Fema		L	Tr			ler				as a	appli	cable)		
5	Date of Birth/Incorporation/Agro Formation of Body of Individual Details of Parents (applicable onl	s or associ	ation	of Pe	ersor	15	1/		i de la composición d Composición de la composición de la comp		Day 8]	0	nth 9			Year		3]					
	Whether mother is a single parent a If yes, please fill in mother's name in Fathers's Name (Mandatory exce	and you wish n the approp	to ap riate s	ply fo pace	r PAN provi	l by fun ided be	ow.								L] No	<u> </u>				as ap	plica		
	Last Name / Surname	S		V G			Ι												y)			7		
1	First Name	J	1 7	ΓE	N	DR	A				Î		T		T				1		-	1		
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	Mothers's Name (optional excep	t where mo	theri	sas	ingle	paren	and	PAN	l is a	oplied	by	turnis	shin	g the	nan	ne of	fmo	ther	onl	y)	K	٦		
	Last Name / Surname	-		-	$\left - \right $		-	-							+						_	4		
	First Name Middle Name						-					÷	-		-		-					-		
	Select the name of either father or	mother whi	ch you	J may	like	to be p	rinte	d on F	PAN	card (s	elect	one onl	(v)				L	Ll			_	1		
	(In case no option is provided then PAN by furnishing name of the mo		_	issue Fathe			r's n	1		t whe Name					•	rent	and	you	wish	i to a	pply f	or		
7	Address Residence Address	P					Н		SF			AI	R			0					1	Ļ.		
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	Town / City / District	N	OF		Н	2			PA	R	G		N											
	State / Union Territory					de / Zi						(Vame		Δ							
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	Office Address Name of office															-	-				_			
t -	Flat / Room / Door / Block No.	terre berre		-	-		-				La tu August	1222940107						-				-		
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	Road / Street / Lane/Post Office	1 12-		1	1		1										1					1		



_1										
	Area / Locality / Taluka/ Sub- Division Town / City / District									
8	Address for Communication I Residence Office (Please tick as applicable)									
9	Telephone Number & Email ID details									
	Country code Area/STD Code Telephone / Mobile number 9 1 7 8 9 0 7 3 1 0 3 0									
	Email ID divyasingh6662@gmail.com									
10	Status of applicant									
	Please select status, 🗹 as applicable Government									
	Individual Hindu undivided family Company Partnership Firm Association of Persons									
	Trusts Body of Individuals Local Authority Artificial Juridical Persons Limited Liability Partnership									
11	Registration Number (for company, firms, LLPs etc.)									
17										
	In 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) 5 8 7 0 1 6 1 3 2 7 8 1									
1	If AADHAAR number is not allotted, please mention the enrolment ID of Aadhaar application form									
	N O T A P P L I C A B L E W E F 0 1 1 0 2 0 2 4									
	Name as per AADHAAR letter/card or as per the Enrolment ID of Aadhaar application form									
13	Source of Income Please select $$ as applicable									
Г	Source of Income Please select, ↓ as applicable Salary Income from House property ✓ No income Capital Gains									
F	Income from Business / Profession Business/Profession code [] [For Code: Refer instructions] [] Income from Other sources									
14	Representative Assessee (RA)									
	Full name, address of the Representative Assessee, who is assessible under the income Tax Act in respect of the person, whose particulars have been given in the column 1-13.									
	Full Name (Full expanded name : initials are not permitted)									
	Please select title, 🖌 as applicable Shri Smt. Kuman M/s									
	Last Name / Surname									
	First Name									
	Middle Name									
	Flat / Room / Door / Block No.									
	Name of Premises / Building / Village									
	Road / Street / Lane/Post Office									
	Area / Locality / Taluka/ Sub- Division									
	Town / City / District									
15	State / Union Territory Documents submitted as Proof of Identity (POI), Proof of Address (POA) and Proof of Date of Birth (DOB)									
1.5										
	[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 applicable] [Annexure A, Annexure B & Annexure C are to be used wherever applicable]									
16	I/We DIVYA SINGH , the applicant, in the capacity of HIMSELF/HERSELF									
10	do hereby declare that what is stated above is true to the best of my/our information and belief.									
	Place : HALISAHAR									
	DDMMYYYY DDiyga Singh.									
	Date : 1 7 1 2 2 0 2 4									
	Signature / Left Thumb Impression of Applicant (inside the box)									





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