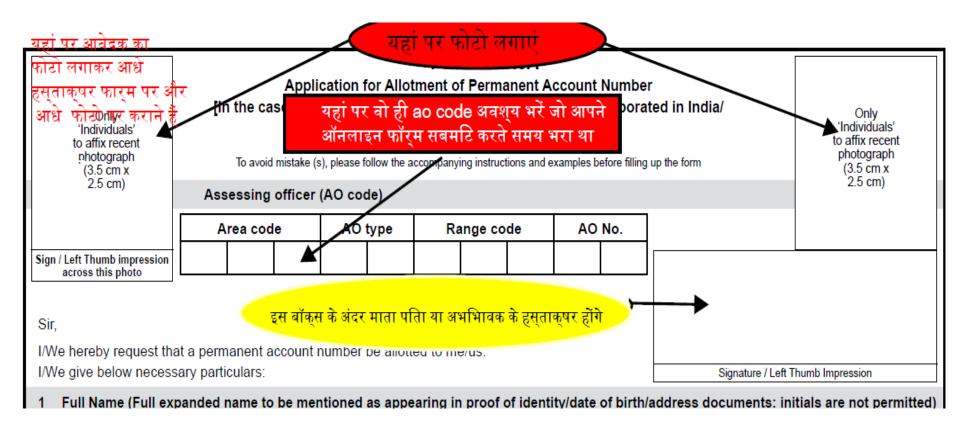
## प्रिय संचालक डिजिटल इंडिया पोर्टल में आपका स्वागत है इस पीडीएफ में हम आपको 18 वर्ष से कम उम्र के पैन कार्ड का फार्म भरने के बारे में बताएंगे

- 1. 18 वर्ष से कम उम्र के पैन कार्ड में फॉर्म पर फोटो बच्चे का लगता है जबिक हस्ताक्षर माता पिता या अभिभावक के होते हैं और जिसके आप हस्ताक्षर करा रहे हैं बच्चे के आधार कार्ड के साथ उसका आधार कार्ड भी अपलोड करना होता है
- 2. पैन कार्ड का फॉर्म हमेशा ब्लैक पेन से भरे और हस्ताक्षर भी ब्लैक पेन से ही कराएं
- 3. 18 वर्ष से कम उम्र के पैन कार्ड में बैक फॉर्म पर पॉइंट नंबर 14 Representative Assessee (RA) में माता-पिता या अभिभावक में से जिसके आप हस्ताक्षर करा रहे हैं उसके आधार कार्ड की डिटेल भरनी होती है जिसके सैंपल स्क्रीनशॉट हम नीचे पीडीएफ में दें रहे हैं
- 4. फॉर्म को हमेशा साफ स्थरा और पूरा भरे
- 5. आवेदक से साफ सुथरा और प्लेन बैकग्राउंड का ही फोटो ले और फार्म की प्रिंटर से स्कैनिंग साफ और अच्छी क्वालिटी में ही करे
- 6. फार्म पर वही डिटेल भरे जो आवेदक के आधार कार्ड पर हैं अन्यथा आपका पैन कार्ड होल्ड पर लग सकता है
- 7. आवेदक के हस्ताक्षर बॉक्स के बाहर ना हो और फोटो पर स्टेपलर की पिन ना लगी हुई हो

18 वर्ष से कम उम्र के पैन कार्ड में नीचे दिए गए कॉलम नंबर 16 में जिसके आप हस्ताक्षर करा रहे हैं उसका नाम और आगे RA लिखना होता है जैसा नीचे दिया गया है आपको बता दें माइनर पेन कार्ड में RA उसको कहा जाता है जिसके आप बच्चे के आधार कार्ड के साथ आधार कार्ड लगा रहे हैं और हस्ताक्षर करा रहे हैं

|    | Full Name (Full expanded name: initials  | san      | e no     | ot pe    | ermi     | itte          | d)          |      |         |       |       |               |               |          |       |      |          |      |      |       |              |          |          |        |       |          |         |
|----|--|----------|----------|----------|----------|---------------|-------------|------|---------|-------|-------|---------------|---------------|----------|-------|------|----------|------|------|-------|--------------|----------|----------|--------|-------|----------|---------|
|    | Please select title, 🗸 as applicable   | _        | Shr      |          | Г        | $\overline{}$ | –,<br>Smt.  |      | Т       | ٦ĸ    | ıma   | ri            | $\overline{}$ | ٦м/      | 's    |      |          |      |      |       |              |          |          |        |       |          |         |
|    | Last Name / Surname  | $\dashv$ | JIII     | <u>'</u> | ╌        |               | I           |      | ┌└─     | I     | I     |               | ┞             | IVIV     | ,<br> |      |          |      | _    | _     | _            | _        | _        | _      |       | $\neg$   |         |
|    | First Name   | $\dashv$ | $\dashv$ | $\dashv$ | $\dashv$ |               |             |      |         |       |       |               |               | <u> </u> | Н     |      |          |      |      |       |              | ┝        |          |        |       | $\dashv$ |         |
|    | Middle Name  | _        | _        | _        | _        |               |             |      |         |       | _     |               |               | _        |       |      |          |      | _    |       | _            |          |          |        |       | _        |         |
|    | Middle Name  |          | $\Box$   | $\perp$  |          |               |             |      |         |       |       |               |               |          |       |      |          |      |      |       |              |          |          |        |       |          |         |
|    | Address  |          |          |          |          |               |             |      |         |       |       |               |               |          |       |      |          |      |      |       |              |          |          |        |       |          |         |
|    | Flat/Room/Door/BlockNo.  | $\neg$   |          |          |          |               |             |      |         |       |       |               |               |          |       |      |          |      |      |       |              |          |          |        |       |          |         |
|    | Name of Premises / Building / Village  | 一        | 一        |          |          |               |             |      |         |       |       |               |               |          |       |      |          |      |      |       |              |          |          |        |       |          |         |
|    | Road / Street / Lane/Post Office   | $\dashv$ | $\neg$   | $\neg$   | $\neg$   |               |             |      |         |       |       |               |               |          | П     | Т    |          |      |      | Γ,    | 7            |          |          |        |       | $\neg$   |         |
|    | Area / Locality / Taluka / Sub- Division   | $\dashv$ | $\dashv$ | $\dashv$ | $\dashv$ |               |             |      |         |       |       |               |               |          | Н     | _    |          |      |      | -     | <del>-</del> |          |          |        |       | $\dashv$ |         |
|    | Town/City/District   | $\dashv$ | $\dashv$ | $\dashv$ | $\dashv$ |               | $\vdash$    |      |         |       |       |               |               | $\vdash$ | Н     |      |          |      |      |       |              | $\vdash$ | $\vdash$ |        |       | $\dashv$ |         |
|    | State / Union Territory  | _        |          |          | P        | inc           | ode         |      |         |       |       |               |               | Щ        | Ш     |      | <u> </u> |      |      | Щ.    |              | <u> </u> | Ь—       | _      | Ш     |          |         |
|    |  |          |          |          | Ť        | Т             | <del></del> | Т    | Т       | Т     | Т     | $\neg$        |               |          |       |      |          |      |      |       |              |          |          |        |       |          |         |
| 45 | Documents submitted as Proof of Identi   | itu (    | DΟ       | I\ Di    | 2001     | f of          | Ada         | Irae | e / D   | 0 4 1 | land  | d Dry         | nof.          | of D     | )ata  | of E | lirth    | /DC  | IRI  |       |              |          |          |        |       |          |         |
| 13 | I/We have enclosed   | ity (    | гО       | ı,, F    | 001      | 101           | _           |      | -       |       | denti | _             | 100           | OI D     | alt   | OI L | )II LII  | (FC  | וטי  |       |              |          |          | 1      |       |          |         |
|    | as proof of address and  |          |          |          |          |               | a           | s pi | _       |       |       | ıy, ∟<br>ofda | ate o         | of bir   | rth   |      |          |      |      |       |              |          |          | J      |       |          |         |
|    | [Please refer to the instructions (as specified  | in F     | ule      | 114      | of I.T   | .R            | ules        | .196 |         |       |       |               |               |          |       | d do | ocum     | ents | stob | oe si | ubmi         | itted    | asa      | ipplio | able  | 1 [Ai    | nnexure |
|    | A, Annexure B & Annexure C are to be used  |          |          |          |          |               |             |      | •       |       |       |               |               | •        |       |      |          |      |      |       |              |          |          |        |       |          |         |
| 16 | iwe यहां पर जिसके हस्ताक्षर होंगे उस   | ahi      | ना       | н ¥      | TU.      | गा            | _           |      |         |       | the   | ann           | dica          | nt ir    | th3   | गौउ  | यद       | i u  | T D  | Δf    | जेरव         | ना       | 숨.       | rana   | city  | of       |         |
| 10 | do hereby declare that what is stated abov   |          |          |          |          |               | tofr        | nv/c | ouri    |       |       |               |               |          |       |      | 70       |      |      |       | -            | VIII     | QU.      | -upu   | MŲ.   | -        |         |
|    | actional desired with the state of the state |          |          |          |          | 1             |             | ,    | , , , , |       |       | Onto          |               |          |       |      |          |      |      |       |              |          |          |        |       |          |         |
|    | Place:   |          |          |          |          | ]             |             |      |         |       |       |               |               |          |       |      |          |      |      |       |              |          |          |        |       |          |         |
|    | DDMMYYYY   | $\neg$   |          |          |          |               |             |      |         |       |       |               |               |          |       |      |          | Sign |      |       |              |          |          | press  | ion o | f        |         |
|    | Date :   |          |          |          |          |               |             |      |         |       |       |               |               |          |       |      |          |      | Ap   | plica | ant (i       | nside    | the      | box)   |       |          |         |

## 18 वर्ष से कम उम्र के पैन कार्ड में हस्ताक्षर माता पिता या अभिभावक के कराने होते हैं जबिक फोटो बच्चे का ही लगता है जैसा नीचे दिखाया गया है



## 18 वर्ष से कम उम्र के पैन कार्ड में नीचे दिया गया कॉलम नंबर 14 अवश्य भरना होता है

| 14 Representative Assessee (RA)          |  |  |
|--|--|--|
| Full name, address of the Representative | e Assessee, who is assessible under the Income Tax | Act in यदि कोई आवेदक 18 वर्ष से कम उम्र का है तो                                 |
| been given in the column 1-13.           |  | उस स्थाता म minor आवदक के आधार कार्ड   |
| Full Name (Full expanded name : initia   | als are not permitted)                             | <mark>के साथ माता पति। या अभिगावक आधार कार्ड</mark>                              |
| Please select title, 🗸 as applicable     | Shri Smt. Kumari M/                                |  |
| Last Name / Surname                      |  | माइनर आवेदक के साथ आधार कार्ड लगा रहे हैं  |
| First Name                               |  | उसी के होते हैं और इस कॉलम में उसकी डटिल<br>भरनी होती है जसिका आप माइनर आवेदक के |
| Middle Name                              |  | साथ आधार कार्ड लगा रहे हैं minor पैन कार्ड मे                                    |
| Address                                  |  | यह कॉलम भरना अनवािर्य है   |
| Flat / Room / Door / Block No.           |  |  |
| Name of Premises / Building / Village    |  |  |
| Road / Street / Lane/Post Office         |  |  |
| Area / Locality / Taluka/ Sub- Division  |  |  |
| Town / City / District                   |  | हां पर आवेदक पैन कार्ड बनाने में जो डॉक्यूमेंट दे                                |
| State / Union Territory                  |  | हा है उनके नाम लिखने हैं जैसे कि कोई आवेदक पैन                                   |
|  |  | गर्ड बनाने में आधार कार्ड दे रहा है तो यहां पर तीनों                             |
| 15 Documents submitted as Proof of Ide   | ntity (POI), Proof of Address (POA) and Proof of   | olum म आधार कार्ड लेखिना होगा  |
| I/We have enclosed aadhar card           | as proof of identity,                              |  |

| यहा   | पर आवेदक का  |   | $\angle$                                |  | यहा  | पर  | फोर                                 | यो व  | लगाएं  | -  |                   | )                | _  |   |                                       |  |  |  |   |                       |                        |               |                  |  |                 |                    |          |
|-------|--|---|---|--|--|---|-------------------------------------|---|--|--|-------------------|------------------|--|---|---------------------------------------|--|--|--|---|-----------------------|------------------------|---------------|------------------|--|-----------------|--------------------|----------|
| फोट   |  | <u></u>                                       |   |  |  | _   |                                     | _   |  | _  |                   |                  |  | _   | \                                     | _  |  |  |   |                       |                        |               |                  |  |                 |                    |          |
| हस्र् | the case   |   |   |  | r Allot  |   |                                     |   |  |  |                   |                  |  | oer<br>rate                                 | d in                                  | Inc  | ∕<br>lia/                                      | \  | _   |                       |                        |               |                  |  |                 |                    |          |
| आध    | भे प्रोटिणेगार कराने हैं<br>'Individuals'  |   |   |  | वो ही <i>।</i><br>न फॉर्ग                              |   |                                     |   |  |  |                   |                  |  | late  | u III                                 | 11110  | iia/   |  |   | _                     | $\uparrow$             | _             | *                | ʻlnd   | Only<br>ividu   | als'               |          |
|       | to affix recent photograph To avoid mist   |   |   |  | `  |   |                                     |   |  |  |                   |                  | ro filli   | ina un                                      | tha                                   | form   |  |  |   |                       |                        |               |                  | pho  | fix re<br>togra | aph                |          |
|       | (3.5 cm x<br>2.5 cm)   |   |   |  |  | COMpa                                     | anying                              | 1115111   | uctions a                                    | iu exa   | imples            | s belo           | ne iiii  | ing up                                      | ule                                   | OIIII  |  |  |   |                       |                        |               |                  | (3.<br>2.  | .5 cm<br>.5 cm  | า x<br>า)          |          |
|       | Assessing offi   | cer (   | AO c                                    | ode  | e)   |   |                                     |   |  |  |                   |                  |  | _   |                                       |  |  |  |   |                       |                        |               |                  |  |                 |                    |          |
|       | Area code  |   | X                                       | O ty   | /pe  |   | Rang                                | ge c  | ode  | $\perp$  | Α                 | O N              | о.   |   |                                       |  |  |  |   |                       |                        |               |                  |  |                 |                    |          |
| Sign  | / Left Thumb impression across this photo  |   |   |  |  |   |                                     |   |  |  |                   |                  |  |   |                                       |  |  |  |   |                       |                        |               |                  |  |                 |                    |          |
|       | usious time priots   |   |   |  |  |   |                                     |   |  |  |                   |                  |  |   |                                       |  |  |  |   |                       |                        |               |                  |  |                 |                    |          |
| Sir,  | ् इस इ   | बॉक्स   | के अं                                   | दर म   | गाता परि   | ता या                                     | अभि                                 | भाव   | क के हस                                      | ्ताक्  | षर ह              | ोंगे             |  |   |                                       |  | •  |  |   |                       |                        |               |                  |  |                 |                    |          |
|       | /e hereby request that a permanent acco  | unt ni  | umbe                                    | er bi  | e anous  | รน เบ                                     | III <del>C</del> /U                 | ۵.  |  |  |                   |                  |  |   |                                       |  |  |  |   |                       |                        |               |                  |  |                 |                    |          |
|       | /e give below necessary particulars:   |   |   |  |  |   |                                     |   |  |  |                   |                  |  |   |                                       |  | Si   | gnatu  | ire / L   | _eft                  | Thu                    | ımt           | Imp              | res  | sion            |                    |          |
| 1     | Full Name (Full expanded name to be  | ment  | tione                                   | d a  | s appe   | aring                                     | in p                                | roo   | f of ide                                     | ntity  | /dat              | e of             | birt   | th/ac                                       | ldre                                  | ss (   | doc  | ume  | nts   | : ir                  | iti                    | als           | s ar             | e n  | ot p            | ern                | nitted   |
|       | Please select title, 🗸 as applicable   | Г   | Sh                                      | ri   |  | Smt                                       | :.                                  | Г   | Kum  | ari  | 4                 | IVI/             | /s   | टना   | र्गे से                               | क्रि   | मी ा   | Tas.   | πz  | _                     | /                      | अ             | वश               | ाय   | करें            | 1                  |          |
|       | Last Name / Surname  |   | 1                                       |  |  | <u> </u>                                  |                                     |   |  |  | Ť                 | Ť                | T .  | 2114  |                                       | <u> </u>   |  | <del>( 9)</del>  | 7   | T                     |                        |               | T                | Ť  |                 | _                  |          |
|       | First Name   |   |   |  |  | +   |                                     |   |  |  |                   |                  |  |   |                                       | _  |  |  |   |                       |                        | _             | +                | ╛  |                 | _                  |          |
|       |  |   |   |  |  |   |                                     |   |  | +  |                   | 4                | अ  | विद   |                                       |  |  |  |   |                       | लि                     | ऐ             | यह               | Ť.   |                 | $\forall$          |          |
|       | Middle Name  |   |   | <u> </u>   |  |   |                                     |   |  |  |                   |                  |  |   |                                       |  |  | करें   |   |                       |                        |               |                  |  |                 |                    |          |
| 2     | Abbreviations of the above name, as  | you   | wou                                     | ıd li  | ike it, te   | o be                                      | print                               | ed  | on the                                       | PAN  | car               | đ                |  |   |                                       |  |  |  |   |                       | _                      |               |                  |  |                 |                    |          |
|       |  |   |   |  |  |   | _                                   | _   | $\perp$                                      |  |                   |                  |  |   |                                       |  |  |  |   | L                     | L                      |               |                  | $\perp$  | $\perp$         |                    |          |
|       |  |   |   |  |  |   |                                     |   | +  | - यः   | हां प             | र अ              | विद  | क व   | न पू                                  | रा र   | नाम  | डा   | <u>त</u> ना   | है                    | जै                     | स             | अ                | धा   | र व             | गर्ड               | ह में है |
| 3     | Have you ever been known by any ot   | her n   | name                                    | ?  |  | Υe  | s                                   |   | N  | 0  |                   |                  |  |   |                                       |  | (pl  | eas  | e tic   | ck :                  | as                     | ap            | pli              | cak  | ole)            |                    |          |
|       | If yes, please give that other name  |   | _                                       |  |  | _   |                                     |   |  |  |                   | _                |  |   |                                       |  |  |  |   |                       |                        |               |                  |  |                 |                    |          |
|       | Please select title, 🗸 as applicable   |   | Sh                                      | ri   |  | Smt                                       |                                     |   | Kum  | ari  |                   | M/               | /s   |   |                                       |  |  |  |   |                       |                        |               |                  |  |                 |                    |          |
|       | Last Name / Surname  |   |   |  |  |   |                                     |   |  |  |                   |                  |  |   |                                       |  |  |  |   |                       |                        |               |                  |  |                 |                    |          |
|       | First Name   |   |   |  |  |   |                                     |   |  |  |                   |                  |  |   |                                       |  |  |  |   |                       |                        |               |                  | T  |                 |                    |          |
|       | Middle Name  |   |   |  |  |   |                                     |   |  |  |                   |                  |  |   |                                       |  |  |  |   |                       |                        |               |                  | T  | T               |                    |          |
| 4     | Gender (for Individual applicants only   | v)  |   | ١  | Male   |   | Fe                                  | ema   | ıle  | $\dot{\Box}$   | Tra               | nsg              | end  | ler   |                                       |  | (pl  | eas  | e tic   | ·k :                  | as                     | ar            | nli              | cal  | ole)            |                    |          |
|       | Date of Birth/Incorporation/Agreemen   |   |   |  |  | 4 5                                       | ┛.                                  | 4   |  | ш  |                   | _                |  |   |                                       | c 01   |  |  |   |                       |                        |               |                  |  |                 |                    |          |
|       |  | nt/Da   | rtnai                                   |  |  |   | וממנו                               | / E ^   | rmetic                                       | n of   | Roc               | tv ot            | find   | divid                                       |                                       |  |  |  |   |                       |                        |               | ,                | פווכ   | 1               |                    |          |
| 5     |  | nt/Pa   | rtne                                    | rsnı   | ip or Ir   | ust L                                     | )eed/                               | / Fo  | rmatic                                       | n of   | Boo               | ly of            | find   | livid                                       | luai                                  | 3 01   |  |  | atic  | <i>)</i> 11           | OI                     | -             |                  |  |                 |                    |          |
| 5     | Day Month Year   | nt/Pa   |   |  |  |   |                                     |   |  |  |                   | ly of            | f inc  |   |                                       |  |  | _  |   |                       |                        |               |                  | ्र<br>ग्हां  | पर              |                    | <b>✓</b> |
| 5     | Day Month Year   | <u> </u>                                      | <mark>यह</mark>                         | <mark>हां प</mark>   | र<br><mark>ार अभी</mark>                               | तक  |                                     |   |  |  |                   | ly of            | f ind  | आ   | वेदव                                  | <mark>त के</mark>  | ge   | _  |   |                       |                        |               |                  | ग्हां  | पर              |                    | <b>✓</b> |
| 6     | Day Month Year  Details of Parents (applicable only fo   | r indi  | <mark>यह</mark><br>ividu                | <mark>हां प</mark><br>ual a  | <mark>ार अभी</mark><br>applica                         | तक<br>nts)                                | <mark>की उ</mark>                   | जन्म  | म तथि  | लिखि   | <u>व</u>          | `<br>]           | _  | <mark>आ</mark><br>अ                         | वेदव<br>वश्                           | <sub>ह के</sub><br>य क   | ge<br><del>रें</del>                           | _  |   |                       |                        |               |                  | <mark>ī</mark> हां   | पर              | •                  | <b>✓</b> |
| 6     | Details of Parents (applicable only fo Whether mother is a single parent and y   | <b>r indi</b><br>you w                        | <mark>यह</mark><br>ividu                | <mark>हां प</mark><br>ual a  | <mark>ार अभी</mark><br>applica                         | तक<br>nts)                                | <mark>की उ</mark>                   | जन्म  | म तथि  | लिखि   | <u>व</u>          | `<br>]           | _  | <mark>आ</mark><br>अ                         | वेदव<br>वश्                           | <sub>ह के</sub><br>य क   | ge<br><del>रें</del>                           | _  |   |                       |                        |               |                  | <mark>ग्</mark> हां  | <sup>-</sup> पर |                    | <b>~</b> |
| 6     | Day Month Year  Details of Parents (applicable only fo   | or indi                                       | <mark>यह</mark><br>ividu                | <mark>हां प</mark><br>u <b>al a</b><br>o ap  | <mark>ार अभी</mark><br>applica                         | <mark>तक</mark><br>nts)<br>PAN            | <mark>की उ</mark><br>by fu          | <mark>नन्म</mark><br>ırnis                        | <mark>म तथिर्</mark><br>shing th             | लिखि   | <u>व</u>          | `<br>]           | _  | <mark>आ</mark><br>अ                         | वेदव<br>वश्                           | <sub>ह के</sub><br>य क   | ge<br><del>रें</del>                           | _  |   |                       |                        |               |                  | <mark>ग्रहां</mark>  | पर              |                    | <b>✓</b> |
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| (     | Details of Parents (applicable only for Whether mother is a single parent and your Yes No (please tick as applicable yes, please fill in mother's name in the Father's Name (Mandatory except who Last Name / Surname First Name Middle Name Mother's Name (optional except when whother's Name (optional except when your and your an  | rr indi                                       | यह ividu ropri moth                     | ate are in a series are  | may lik<br>(Pleasessued v                              | nts) PAN providing gle p e par            | by fu de be aren arent a separather | हान्।<br>Irnis<br>elow<br>t ar                    | PAN is ame ex                                | e na l is a l is | pplii ard (       | ed b<br>आवे      | py furr<br>furr<br>furr<br>tru   | moth an | er o                                  | g the vide a real real real real real real real r  | ge rima rull rull rull rull rull rull rull rul | ame the state of t | e of entered and a distribution of the control of  | model = 1             | oth के परन di          | स्सा<br>विकास | र र<br>जाए<br>अन | ( and a second | हां रिय         | ्रै है <u>य</u> ेग | PAI      |

|    |  |   |  |             |                                    |             |                                |            |                   |  |  | _                 |                   |                                 |          |   |   |  |  |  |   |   |   |  |  |  |  |  |   |   |  |                                      |
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|    | Office Address   |   |  |             | 1                                  |             |                                |            | 1                 |  |  |                   |                   |                                 |          |   |   |  |  | _  |   |   |   |  |  |  |  |  |   |   |  |                                      |
|    | Name of office   | $\vdash$  |  |             |                                    |             |                                |            |                   | +(                                     |  | offi              | ce a              |                                 |          |   |   |  |  |  |   |   |   |  |  |  |  |  | par   | ıy  | )  |                                      |
|    | Flat / Room / Door / Block No.   | $\vdash$  |  |             |                                    |             | $\vdash$                       |            |                   |  |  |                   |                   | या                              | T bo     | ody   | OT  | ın   | d۱۱  | /Ia  | ua  | H   | 4   | रा   | স  | 1ય   | ग।   |  | _   | _   |  |                                      |
|    | Name of Premises / Building / Village  | $\vdash$  |  |             | -                                  |             | Н                              |            |                   |  |  |                   |                   |                                 | F        | F   | T   | 7  |  | _  | T   | T   |   | F  | 7  |  | F  | +  | -   |   |  |                                      |
|    | Road / Street / Lane/Post Office   | Н   |  |             |                                    |             | $\vdash$                       |            |                   |  |  |                   |                   | _                               | -        | +   | +   | +  |  |  | $\downarrow$  | 4   |   | $\vdash$   | +  |  | +  | 4  | +   |   |  |                                      |
|    | Area / Locality / Taluka/ Sub- Division  | Ш   |  |             |                                    |             | $\square$                      |            |                   |  |  |                   |                   |                                 | _        | $\perp$   | $\perp$   | +  |  |  | _   | 4   |   | L  | +  |  | +  | 4  |   |   |  |                                      |
|    | Town / City / District   |   |  |             | L                                  |             | Щ                              |            | L.                |  |  |                   | Ļ                 | Ļ                               | <u> </u> |   |   |  |  |  |   |   |   |  |  |  |  |  |   |   |  |                                      |
|    | State / Union Territory  |   |  |             | F                                  | Pinc        | ode /                          | Zip        | cod               | le                                     |  |                   | Со                | untr                            | yN       | ame   | ,   |  |  |  |   |   |   |  |  |  |  |  | _   |   |  |                                      |
|    |  |   |  |             |                                    |             |                                |            |                   |  |  |                   |                   | _                               |          |   |   |  |  |  |   |   |   |  |  |  |  |  |   |   |  |                                      |
| 8  | Add इन पर टिक मार्क अवश्य क  | रें   |  | >           | →                                  |             | Res                            | side       | nce               |  |  |                   |                   | C                               | Offic    | се  |   |  |  | (F   | Ple   | ase   | e ti  | ck   | as   | a  | ppl  | lica   | able  | )   |  |                                      |
| 9  | Telephone Number & Email ID details  |   |  |             |                                    |             |                                |            |                   |  |  |                   |                   |                                 |          |   |   |  |  |  |   | _   |   |  |  |  |  |  |   |   |  |                                      |
|    | Country code Area/STD Co   | de  |  |             |                                    | 1           | elep                           | hon        | e/N               | /lobil                                 | e ni   | umb               | er                |                                 | 4        |   |   |  |  |  |   |   | ~   |  |  |  |  |  | का  |   |  |                                      |
|    |  |   |  |             |                                    |             |                                |            |                   |  |  |                   |                   |                                 |          |   |   |  | _  |  |   |   |   |  |  |  |  |  | औ   | र e   | ma   | ail                                  |
|    | Email ID   |   |  |             |                                    |             |                                |            |                   |  |  |                   |                   |                                 | 4        | 4   |   |  |  |  |   | lic   | t t   | रा   | 7  | П  | ग्ग  | Γ  |   |   |  |                                      |
| 10 | Status of applicant  |   |  |             |                                    |             |                                |            |                   |  |  |                   |                   |                                 |          |   |   |  |  |  |   |   |   |  |  |  |  |  |   |   |  |                                      |
|    | Please select status, 🗸 as applicable  |   |  |             |                                    |             |                                |            |                   |  |  |                   |                   |                                 |          |   |   |  |  |  |   | Г   | ٦,  | Gο۰  | ve   | rnr  | nei  | nt   |   |   |  |                                      |
|    | Individual Hindu undivide  | d for   | milv   |             |                                    | ا د         | mpa                            | n.,        |                   |  |  |                   | Do                | rtne                            | robi     | in E  | rm  |  |  |  |   | $\vdash$  | ╡   |  |  |  |  |  | f Pe  | roo   | 20   |                                      |
|    |  |   | •  |             |                                    | ]<br>]      | •                              | ,          |                   |  |  |                   | i                 |                                 |          |   |   | _  |  |  |   | L   | =   |  |  |  |  |  |   |   |  |                                      |
|    | Trusts Body of Individ   | uals  |  |             |                                    | Lo          | cal A                          | utho       | ority             |  |  |                   | Art               | ificia                          | al Jı    | uridi   | cal   | Pe   | rsc  | ns   |   | L   |   | Lim  | it∈  | ed   | Lia  | bil  | ty P  | artr  | ners                                       | hip                                  |
| 11 | Registration N<br>यहां पर जिस कैटेगरी का पैन कार्ड   | ਰਹਾ   | <del></del> =                                | <u>ੇ</u> ਦੇ | -                                  | A =         | हो अ                           | <u>ਰ</u> 0 | л •               | <b>/</b> ∓                             | _  | _                 | <b>&gt;</b> -     |                                 |          |   |   |  |  |  |   |   | Ţ   |  |  |  |  |  |   |   |  |                                      |
|    |  |   |  | `           |                                    |             |                                |            | _                 | 一                                      | $\neg$   | 7                 |                   |                                 |          |   |   |  |  |  |   |   |   |  |  |  |  |  |   |   |  |                                      |
| 12 | In case of a person, who is required to  | quo   | te A   | adh         | haar                               | nu          | mbe                            | r or       | the               | Enr                                    | olm  | ent               | ID d              | of A                            | adh      | naar  | ар  | in   | div  | /id  | ua  | पै  | न   | का   | र्ड  | Ţ  | ां य   | हां  | पर  | आ   | धार  | Ţ                                    |
|    | Please mention your AADHAAR number (   |   |  |             |                                    |             |                                |            |                   |  |  |                   | •                 | -                               | _        | +   | _   |  |  |  |   |   |   | अव   |  |  | _  |  |   |   |  |                                      |
|    | If AADHAAR number is not allotted, pleas   | se me   | entio  | n th        | ne e                               | nrol        | ment                           | : ID       | of A              | adha                                   | ar a   | appli             | icati             | on f                            | orm      | 1   |   |  |  |  |   |   |   |  |  |  | _  |  |   |   |  |                                      |
|    |  |   |  |             |                                    |             |                                |            |                   |  |  |                   |                   |                                 |          |   |   |  |  |  |   |   |   |  |  |  |  |  |   |   |  |                                      |
|    | Name as per AADHAAR letter or card or a  | as pe   | er the                                       | e Er        | nrolr                              | men         | t ID                           | of A       | adha              | aar a                                  | ppl  | icatio            | on fo             | orm                             | 1        |   | _   | _  |  |  | _   | _   |   | _  | _  |  | _  | 1  |   |   |  |                                      |
|    |  |   |  |             |                                    |             |                                |            |                   |  |  |                   |                   |                                 |          | +   |   | 4  |  |  | +   | 4   |   |  | 4  |  | _  | _  | _   |   |  |                                      |
|    |  |   |  |             |                                    |             |                                |            |                   |  |  |                   |                   |                                 |          |   |   | 4  |  |  | 1   | 4   |   |  | _  |  | L  | _  |   |   |  |                                      |
|    |  |   |  |             | <u>_</u>                           |             |                                |            |                   |  |  |                   |                   |                                 |          | $\perp$   |   | $\perp$  |  |  | L   | $\perp$   |   |  |  |  |  | $\perp$  |   |   |  |                                      |
| 12 | ◆ Source of Income यहां पर ✓   | अव  | शय व   | करें        | 1                                  |             |                                |            |                   |  |  |                   |                   |                                 |          |   |   |  |  |  | Ple   | 229   | ۰ ۵   | ام   |  | t.   | $\checkmark$   | í  | is a  | opl   | icak                                       | ole                                  |
| 13 | 461 4 €  | , ,   | स्य  | 11/         |                                    |             |                                |            |                   |  |  |                   |                   |                                 |          |   |   |  |  |  |   | Juu   |   | ) C/(  | ec   | ٦,   |  |  | -   |   |  |                                      |
|    | 7  | <u>, , , </u>   | <u>\                                    </u> | 11/         |                                    |             |                                |            |                   |  |  |                   |                   |                                 |          |   |   |  |  |  |   | 7   |   | oita   |  | . [  | ns   |  |   |   |  |                                      |
|    | Salary   |   | iness  |             |                                    | ssio        | n cod                          | de         |                   |  | ſF   | or C              | Code              | e: R                            | efeı     | r ins   | truc  | tio  | ns]  |  |   | ] (   | Cap   | oita   | ıl C   | Gai  |  |  | ier s   | our   | ces  |                                      |
|    | Salary Income from Business / Profession   |   |  |             |                                    | ssio        | n cod                          | de         |                   |  | [F   | or C              | Code              | e: R                            | efeı     | r ins   | truc  | tio  | ns]  |  |   | (   | Cap<br>nco  | oita<br>om   | ıl C<br>e f                                      | Gai<br>Tro   | m (  |  | ier s   | our   | ces  |                                      |
|    | Salary Income from Business / Profession Income from House property Representative Assessee (RA)   | Busi  | iness  | s/Pr        | rofes                              |             |                                |            |                   |  | •  |                   |                   |                                 |          |   |   |  | -  |  |   | )<br> <br> <br> <br>  | Car<br>nco<br>No  | oita<br>om<br>inc  | ıl C<br>e f                                      | Gai<br>roi<br>ne   | m (  | Oth  |   |   |  |                                      |
|    | Salary Income from Business / Profession Income from House property Representative Assessee (RA)   | Busi  | iness  | s/Pr        | rofes                              |             |                                |            | e ur              | nder                                   | •  |                   |                   |                                 |          | t ir <mark>2</mark>   | <mark>गर्दा</mark>  | क  | ाई   | ्<br>आ   | वेद   | ]<br>।<br>।   | Car<br>nco<br>No  | oita<br>om<br>inc  | il C<br>e f<br>on                                | Sai<br>roi<br>ne   | m (  | ा<br>Oth   | उम्   | <mark>र व</mark>                                | ग है                                       | ्तो                                  |
|    | Salary Income from Business / Profession Income from House property Representative Assessee (RA) Full name, address of the Representative been given in the column 1-13.   | Busi  | iness  | s/Pr        | rofes<br>who                       | is a        | isses                          |            | e ur              | nder                                   | •  |                   |                   |                                 |          | t ir  | रदर<br>उस   | के<br>स्थ  | <mark>ोई</mark><br>ग्रति   | ्<br>आव्   | वेद<br><mark>ग</mark> ें n  | ।<br>।<br>।<br>•  | Car<br>nco<br>No<br>18  | oita<br>ome<br>inc<br>विष्                                       | ul C<br>e f<br>con<br><mark>र्ष</mark>           | Sai<br>From  | m (<br><mark>क्</mark>   | oth<br>म   | <mark>उम्</mark><br>ग्रधा   | र व<br>र व                                      | <mark>ा है</mark><br>कार्                  | ्तो<br>ड                             |
|    | Salary Income from Business / Profession Income from House property Representative Assessee (RA) Full name, address of the Representative  | Busi  | iness  | s/Pr        | rofes<br>who                       | is a        | isses                          |            | e ur              | nder                                   | •  |                   |                   |                                 |          | t ir 3  | <mark>गर्दा</mark><br>उस<br>के स  | के<br>स्थ्<br>ाथ   | ाई<br>प्रति<br>म   | आ<br>जार<br>पि   | वेद<br>र्गे n   | ्रि<br>।<br>।<br>nir  | Car<br>nco<br>No<br>18<br>nor   | oita<br>om<br>inc<br>वि  | ul C<br>e f<br>con<br><mark>र्ष</mark><br>गभ     | ि<br>Gai<br>rrol<br>ne   | n (  | Oth<br>मि<br>ते अ  | उम्<br>ग्रधा<br>आध  | र व<br>र व<br>ग्रार                             | <mark>ग है</mark><br>कार्                  | ्तो<br>ड<br><mark>र्ड</mark>         |
|    | Salary Income from Business / Profession Income from House property Representative Assessee (RA) Full name, address of the Representative been given in the column 1-13.   | Busi  | iness  | s/Pr        | rofes<br>who                       | is a        | isses                          | ssibl      | e ur              | _                                      | •  | Inco              |                   |                                 | (Ac      | t ir  | गर्दा<br>उस<br>के स<br>अवश्   | के<br>स्थ्<br>ाथ<br>श्य  | ोई<br>प्रति<br>मि  | ्<br>आव्<br>मि<br>गता<br>गत  | त्रेद<br>र्गे n<br>ग है   | ा<br>।<br>nir   | Car<br>nco<br>No<br>18<br>nor<br>य  | oita<br>om<br>inc<br>वर्<br>अ<br>हर                              | ul C<br>e f<br>con<br>र्ष<br>गुव                 | Sairronne  | m (  | Oth  | उम्<br>ग्रधा<br>आध<br>नी ज  | र व<br>र व<br>ग्रार<br>ासि                      | ज है<br>जर्<br>का<br>का                    | ्तो<br>ड<br>र्ड<br><mark>आप</mark>   |
|    | Salary Income from Business / Profession Income from House property Representative Assessee (RA) Full name, address of the Representative been given in the column 1-13. Full Name (Full expanded name: initial  | Busi  | iness<br>sesse                               | s/Pr        | rofes<br>who                       | is a        | asses<br>d)                    | ssibl      | e ur              | _                                      | the  | Inco              |                   | Tax                             | (Ac      | t ir  | ग्दर्ग<br>उस<br>के स<br>अवश्<br>गाइ   | के<br>स्थ्<br>ाथ<br>श्य  | ाई<br>प्रति<br>म<br>ल<br>अ   | ्<br>आर्<br>जिल्<br>जिल्<br>जिल्<br>जिल्<br>जिल्<br>जिल्<br>जिल्<br>जिल  | त्रेद<br>र्गे ग<br>ग है   | ा<br>।<br>।<br>क<br>nir<br>ति।<br>के  | Car<br>noo<br>18<br>nor<br>य  | oita<br>ome<br>inc<br>वर्<br>अ<br>हर्                            | ा C<br>e f<br>con<br>गुरुष्<br>गुरुष्            | Sai<br>From<br>me<br>दिल्<br>पि  | m (<br><mark>ा क</mark><br>क वे<br>गाव                             | oth<br>म<br>हे उ   | उम्<br>ग्राधा<br>आध<br>नी ज<br>र्ड  | र व<br>र व<br>ग्रार<br>तिस                      | ज है<br>कार्<br>का<br>का<br>ा रहे          | तो<br>ड<br>र्ड<br>आप<br>हे हैं       |
|    | Salary Income from Business / Profession Income from House property  Representative Assessee (RA)  Full name, address of the Representative been given in the column 1-13.  Full Name (Full expanded name: initial Please select title,  as applicable   | Busi  | iness<br>sesse                               | s/Pr        | rofes<br>who                       | is a        | asses<br>d)                    | ssibl      | de ur             | _                                      | the  | Inco              |                   | Tax                             | (Ac      | t ir  | ग्दा<br>उस<br>के स<br>अवश्<br>गाइ<br>उसी  | के<br>स्थ<br>ाथ<br>ग्र्य<br>नर<br>के   | ोई<br>प्रति<br>' स<br>' ल<br>' हो  | आता<br>आता<br>गता<br>गता<br>विद्   | त्रेद<br>में n<br>म हैं<br>इक   | ा<br>।<br>।<br>क<br>हो<br>ति।<br>ति।<br>के  | Car<br>nco<br>No<br>18<br>nor<br>य  | oita<br>ome<br>inc<br>वर्<br>अ<br>हर                             | e f<br>e on<br>र्ष<br>गुत्र<br>अ<br>जा           | Sairon Team  | m (  | Oth The state of t | उम्<br>गाधा<br>आध<br>नी ज्<br>र्ड<br>र्सक   | र व<br>र व<br>ग्रार<br>तिस<br>लग                | जा है<br>कार्<br>का<br>का<br>दिख           | तो<br>ड<br>र्ड<br>आप<br>हे हैं       |
|    | Salary Income from Business / Profession Income from House property  Representative Assessee (RA) Full name, address of the Representative been given in the column 1-13.  Full Name (Full expanded name: initial Please select title,  as applicable Last Name / Surname  | Busi  | iness<br>sesse                               | s/Pr        | rofes<br>who                       | is a        | asses<br>d)                    | ssibl      | e ur              | _                                      | the  | Inco              |                   | Tax                             | (Ac      | t ir  | गर्दा<br>उस<br>भे स<br>भाइ<br>साइ<br>असी<br>भर्द  | के<br>स्थाय<br>श्याय<br>नर<br>के   | ोई<br>प्रति<br>' म<br>' ल<br>' हो<br>होत   | आवा<br>मि<br>गत<br>गत<br>विव<br>ते हैं   | त्रेद<br>में ग<br>म हैं<br>हैं उ  | ा ।<br>। । कां <mark>ता</mark><br>के के भौर   | Car<br>Inco<br>No<br>18<br>10<br>पा<br>सा   | opita<br>ome<br>inc<br>वर्<br>इस्<br>हर                          | u C<br>e f<br>con<br>र्ष<br>गुत<br>स्त           | Sai<br>From<br>ne<br>पर<br>दिव   | m (  | Oth  | उम्<br>आधा<br>आ<br>भी ज<br>र्ड<br>उसक्  | र व<br>र व<br>ग्रार<br>गसि<br>लग<br>वेद         | जा है<br>कार्<br>का<br>का<br>इटिल्<br>क वे | ्तो<br>ड<br>र्ड<br>आप<br>हे हैं      |
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| 14 | Income from Business / Profession Income from House property  Representative Assessee (RA)  Full name, address of the Representative been given in the column 1-13.  Full Name (Full expanded name: initial 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   | Busine Ass  | sesse Shri                                   | s/Pr        | who                                | is a        | asses d) Smt.                  | ssibl      |                   | Ku                                     | the  | ri                | pme               | M/                              | (Ac      | t ir र  | गर्दा<br>अवश्<br>भाइ<br>भारन<br>भारन<br>आव<br>जाव<br>नाने                                   | के स्थ   | ाई<br>प्रति<br>जिल्लाम<br>होत्<br>होत्<br>होत्<br>होत्<br>होत्   | आर्वे<br>जाती<br>गाता<br>गाते<br>गाता<br>गाता<br>गाता<br>गाता<br>गाता<br>गाता  | वेद<br>गंग हैं<br>गहें<br>हैं<br>है का<br>रन  | क nir<br>ति।<br>के भौर<br>मिर्ड   | Capinoo   | pita<br>pm<br>inc<br>inc<br>अ<br>इस्<br>श्रम<br>स्मान<br>मा      | ा C e f on र्षावे भाग रहार्या ने क रह            | Gai from the control of the control    | म प्राप्त म म म जो है है जो है | oth मुक्ताक का किंद्र का तो हैं अ  | उम्<br>आधा<br>आह<br>नी ज्<br>रडसर्व<br>आor  | र व<br>र व<br>प्रार<br>गिन<br>वैद<br>पैन        | ग है<br>का<br>का<br>रिटेर्<br>क<br>का      | ्तो<br>ड<br>र्ड<br>अप<br>हे हैं<br>स |
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