



3 Have you ever been known by any other name?

Yes  No

(Please tick as applicable)

Q3 Tick if applicable. proof is mandatory instructions are similar to Q1

If yes, please give that other name

Please select title,  as applicable  Shri  Smt.  Kumari  M/s

Last Name / Surname

First Name

Middle Name


4 Gender (for Individual applicants only)

Male  Female

(Please tick as applicable)

10 Gender : select as applicable.

5 Date of Birth/Incorporation/Agreement/Partnership or Trust Deed/ Formation of Body of individuals or Association of Persons

Day            Month            Year

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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11 Date of Birth : Fill-up in DD MM YYYY format  
Proof is not mandatory

6 Father's Name (Only 'Individual' applicants: Even married women should fill in father's name only)

Last Name / Surname

First Name

Middle Name


Father's name : Instructions similar to Q 1

12 Married woman should give father's name, not husband's name

**7 Address**

**13** Residence address and proof are mandatory. PIN code is mandatory. Use separate boxes for space and special characters like , . ( ) / etc. Fill-up office addresses if source of income is salary. Provide proof of address if address for communication is office address. Letter from employer, or ID card issued by central/state government are proof of office address

**Residence Address**

Flat/Room/ Door / Block No.	<input type="text"/>																											
Name of Premises/ Building/ Village	<input type="text"/>																											
Road/Street/ Lane/Post Office	<input type="text"/>																											
Area / Locality / Taluka/ Sub- Division	<input type="text"/>																											
Town / City / District	<input type="text"/>																											
State / Union Territory	<input type="text"/>										Pincode / Zip code								Country Name									

**Office Address**

Name of office	<input type="text"/>																											
Flat/Room/ Door / Block No.	<input type="text"/>																											
Name of Premises/ Building/ Village	<input type="text"/>																											
Road/Street/ Lane/Post Office	<input type="text"/>																											
Area / Locality / Taluka/ Sub- Division	<input type="text"/>																											
Town / City / District	<input type="text"/>																											
State / Union Territory	<input type="text"/>										Pincode / Zip code								Country Name									

<b>8 Address for Communication</b>	<input type="checkbox"/> Residence	<input type="checkbox"/> Office	<i>(Please tick as applicable)</i>
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**14** Select address for communication. PAN card will be dispatched to selected address. Office address proof is mandatory if address for communication is office address



13 Source of income			Please select status, <input checked="" type="checkbox"/> as applicable				
<input type="checkbox"/>	Salary	<b>Source of income : Mandatory field, fill-up Business/Profession code if source of income is from Business/Profession. Refer instruction 13</b>			<input type="checkbox"/>	Capital Gains	
<input type="checkbox"/>	Income from Business / Profession				Business/Profession code	<input type="checkbox"/>	Income from Other sources
<input type="checkbox"/>	Income from House property					<input type="checkbox"/>	No income
<b>14 Representative Assessee (RA)</b>							
Full name, address of the Representative Assessee, who is assessable under the Income Tax Act in respect of the person, whose particulars have been given in the column 1-13.							
<b>15 Documents submitted as Proof of Identity(POI) and Proof of Address (POA)</b>							
I/We have enclosed <b>proof of id eg. Voter ID</b> as proof of identity and <b>proof of add. eg passport</b> as proof of address.							
[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]							
<b>16 I/We</b> <b>Name of applicant same as Q 2</b> , the applicant, in the capacity of <b>Leave Blank</b>							
do hereby declare that what is stated above is true to the best of my/our information and belief.							
Place	<b>Date of entry to PPS</b>		<b>Thumb impression if used should be attested by Notary or Magistrate or Gazetted Officer under seal and stamp here</b>	<b>Applicant signature (Black ink)</b> Signature/Left Thumb Impression of Applicant (inside the box)			
Date	D D M M Y Y Y Y <b>Date of entry to PPS</b>						

Having or using more than one PAN is illegal. Request for a new card with same PAN if PAN card is lost. Changes or correction in PAN data can be made by filling up **“Request for New PAN Card or/and Changes or Correction in PAN Data”** form. Processing fee and requirements are same