	Photo With Across		To avoid	se of In	(s), please fo	izens/l corpor	ment ndian ated e See	of Peri Compa ntities Rule 1	anies/Er formed 14	itities in Ind	incorp ia]	porat	ed in		I				Only Phot	•
Н.		Ass	sessing	officer	(AO cod	le)	ı			_										
'	Signature	Α	rea cod		AO t	уре	F	Range		1	O No.									
	-	A	P	R	W		1	2	3	1	2	2					_			
	s select your ne y/Town/Distri				ale	Fem	ale	Un-	-marri	ed W	ome	en			gna	atu	re /	nt's Th	umł	)
1	Full Name (Full exp	oanded i	name to	be me	ntioned	as app	earing	in pro	of of iden	tity/da	te of b	irth/a	addre	ss do	cum	ents:	initi	als ar	e not p	ermitted)
	Please select title,	✓ as a	pplicable	e [	Shri		Smt.	ď	Kumai	i 🖣		(Ple	ease	tick	as	anr	olica	able	)	
	Last Name / Surnan				<u>*                                    </u>	A R V	VA	L				(110				upp			, 	
		110			S A N	+++	E E	P				+			+					<b></b> '
	First Name			<b>⊢</b>	<del></del>	+	$\rightarrow$	r				+			+					=
	Middle Name	h a - •		Ľ	K U N		R		11: -	A N:										
2	Abbreviations of the	ne abov	e name,	, as yoι	ı would	like it, t	o be p	rinted	on the P	AN ca	rd									
	S A N D E	E P	K	U M	I A R	A	$\mathbf{G} \mid A$	A R	$\mathbf{W} \mid \mathbf{A} \mid \mathbf{I}$	L										
						A	G A	R	W A I		S A	N	D	E E	P		ΚĮ	J M	A F	2
3	Have you ever bee	n know	n by an	v other	name?		Yes	 S	No					(1	oleas	e ticl	k as a	applic	able)	
	If yes, please give that										\ <sub>\ \</sub>	1:	4							1 41-1-
	Please select title,	✓ as a	pplicable	e [	Shri		Smt.		Kuma	ı [	٦ <mark>٨</mark> ړ M/s		cam	. Hai	пе	Jan	aiso	) WI	пеп	ke this
	Last Name / Surnan									<u> </u>										
					+	++														
	First Name				+	++														
	Middle Name													_		1	1			
4	Gender (for Individ	lual app	olicants	only)	$\sim$	Male		Fema	ale	Tr	ansge	nder	•		Ple	ase	tick	c as	appl	icable)
5	Date of Birth/Incor	poration	n/Agree	ment/P	artnersh	ip or T	rust De	eed/ Fo	ormation	of Bo	dy of i	ndivi	duals	or A	ssoc	iatio	n of I	Perso	ns	
6	Day Month  1 1 2		Year 0 1		ا ماداد الداد الداد	!:			I	ath	er na	ame	e wi	ill d	isp	lay	on	Par	ncar	d
	Details of Parents Whether mother is a		•					sv. furni	obina tha	nomo	of vou	ır mot	hor o	nlv2						
				-		рріу гог	PAIN	y iuiiii	sning me	патте	or you	11 11100	nei o	illy :		<b>1</b>	7			
	Yes No (p					cnaca	provid	a halau	,		P	RA	MOI	) KU	J <b>M</b> A	AR A	\GA	RW	AL	
	Father's Name (Ma						•			s appl	ied bv	furn	ishin	a the	namo	e of ı	noth	er on	lv)	
	Last Name / Surnan	_		1	A G A	RV	VA	L		Ť	ΤÍ			ĬΤ					ΪT	
	First Name			]	P R A	M	O D													
	Middle Name			li	K U N		R				$\dagger$			$\dagger \dagger$	-	+			+ +	<u> </u>
	Mother's Name (or	ntional o	axcent u	ئـا vhere m		-		ent and	PANie	annlie	d by f	urnie	hina	the n	ame 4	of m	other	Only		
	Last Name / Surnan		LACOPI W	<b>5.5</b> [			pare	and					<u></u>			J(		Jy	, 	
		110		-		++	+				++	+		$\vdash$		+			++	=
	First Name			-		++	+				++			+	-		$\Box$		+	$\dashv$
	Middle Name Select the name of	aithar fo	ther or ~	L nother w	which ye	ı mav lil	ka ta h	a printo	nd on DAI	d card	(Salaa	ot one	Onlin		L_					
	Father's name		Mothe	er's nam	ne	(Pleas	e tick a	s appli	cable)								1	! = != .		f D A N I
	(In case no option is by furnishing name				iu wiii be	issued	with ta	uiers r	iaiile exc	ept wh	ere mo	ouner	ıs a s	ırıgıe	paren	ıı and	ı you	wisn	io appl	y IOF PAN
7	Address			• •																
	Residence Addres	s		R	Reside	nce a	addre	ess fi	ield is	mai	ndate	orv								
	Flat / Room / Door /		lo.	Î	DOC		N	0				<u>J</u>								
	Name of Premises/E			5	S T R		E T		A N	E	$\dagger$			H		+			+ +	
	Road / Street / Lane	ŭ	ŭ	<u> </u>	COL	ON					$\dagger$			$\dagger \dagger$	-	+			+ +	
				1	CIT	Y /	T	O W	/ N		++			$\vdash$					+	
	Area/Locality/Taluk		IVISION	l li	DIS	T	RI	CT				+		$\dagger \dagger$					+	
1	Town / City / District			Ľ									- 1	<u>ı                                      </u>		1	1			
						ъ.				_										
	State / Union Territo	,	NAM			Pin 1	1 - 1	Zip cod		6	untry N	Name		NDI					_	

0	ffice address field is Optional		l I											I		1	Т	T	<u> </u>	1	1	T	T		1	<u> </u>	7	
	Name of office																			-								
	Flat / Room / Door / Block No.																											
	Name of Premises/Building/Village													<del>                                     </del>	-	-		-		-	-				+			
	Road / Street / Lane/Post Office																	-					+			_		
	Area/Locality/Taluka/Sub-Division												-		-					-				-	+	+	_	
	Town / City / District										<u> </u>																	
	State / Union Territory				<del>-</del> F	Pinc	ode <sub>/</sub>	/ Zip	coc	de	Ĭ		_Cc	untr	y Na	ame												
														_														
8	Address for Communication				Ĺ	Y	Res	side	nce	•			L		Offic	е			(F	Pleas	se ti	ck a	as a	ppli	cab	le)		
9	Telephone Number & Email ID details																		D:	on.	nt o	h d	lat	o.:1.c	***	:11	aand	
	Country code Area/STD C	ode_	Т	T			Celep					- 1		3	4	5	-	П	וע	spa	iiC	II U					send obil	
	0 9 1	non	200	vm	oi1			8	7	6	5		2	3	4	<b>o</b>				٦				ω	uie	7 111	IODII	J
	Email ID steelcity.visakhapat	пап	16.	XII	lan	.00	1111	K																				
10	Status of applicant				<u>а</u>	C.					N T\				1 .		1		••	_	_							
	Please select status, as applicable				<u>So</u>	tt (	cop	<b>y</b> (	e-I	PA	N)	W1	II s	sen	d t	o t	he	m	aıl	L		Go۱	/ern	men	t			
	Individual Hindu undivid	ed far	mily			c	mpa	ny					Pa	ırtne	rshi	p Fii	rm					Ass	ocia	ation	of F	ers	ons	
	Trusts Body of individ	duals				Lo	cal A	utho	ority				Art	tificia	al Ju	ıridid	cal F	ers	ons	Γ		Lim	ited	Liab	oility	Par	tnersh	aiı
11	Registration Number (for company, fir			s et	c.)	, _0			,				, ,		J. 00			0.0	00						,,			۹.
		,				Т		T				T	Т	T	T	T	T			T								
12	In case of a person, who is required to	ם מווס	te A	adh	naar	nıı	mhe	r or	the	Fnr	olm	ent	ID d	of Δ:	adh:	aar :	ann	lica	tion	forr	n as	: ne	r se	ectio	n 13	RQ A	Δ	
.2	Please mention your AADHAAR number	-			1	2	3	4	5	6	7	8	9	1	2	3	_   	<b>.</b> u		. 511	uc	. pe	. 30			. J A		
	If AADHAAR number is not allotted, plea				ne e	_		t ID		adh	aar	_	licat	ion f	orm		J											
	Name as per AADHAAR letter or card or	as p	er th	e E	nrol	mer	t ID	of A	adh							_		_			_		_			_		
		S	A	N	D	E	E	P		K	U	M	A	R		A	G	A	R	W	A	L			_		_	
																											1	
13	Source of Income																			Plea	se.	sele	ect,	<b>√</b>	as	app	olicable	е
13	]																		[	Plea					as	app	olicable	e
13	Source of Income  Salary Income from Business / Profession	Bus	ines	s/Pr	rofe	ssio	n coo	de		Τ	] [F	For (	Cod	e: R	efer	inst	ruct	ions		Plea	Ca	pita	l Ga	ins			o <i>licabl</i> ources	'e
13	Salary Income from Business / Profession	Bus	ines	s/Pr	rofe	ssio	n cod	de			] [F	For (	Cod	e: R	efer	inst	ruct	ions		<b>\</b>	Ca	pita ome	l Ga	nins om C				e
	Salary	Bus	ines	s/Pr	rofe	ssio	n coo	de			] [F	For (	Cod	e: R	efer	inst	ruct	ions		<b>\</b>	Ca Inc	pita ome	l Ga	nins om C				'e
	Salary Income from Business / Profession Income from House property Representative Assessee (RA) Full name, address of the Representative								e ur	nder	, -								[s]		Ca Inc No	pita ome inc	I Ga e fro	ains om C	ther	° SOL	urces	le
	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.	e Ass	esse	e, \	who	is a	sses		e ur	nder	, -								[s]		Ca Inc No	pita ome inc	I Ga e fro	ains om C	ther	° SOL	urces	'e
	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	e Ass	esse	ee, \ ot p	who	is a	sses	ssibl	e ur	_	the	Inco		Tax	Act				[s]		Ca Inc No	pita ome inc	I Ga e fro	ains om C	ther	° SOL	urces	le
	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	e Ass	esse	ee, \ ot p	who	is a	sses	ssibl	e ur	_	, -	Inco			Act				[s]		Ca Inc No	pita ome inc	I Ga e fro	ains om C	ther	° SOL	urces	'e
	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	e Ass	esse	ee, \ ot p	who	is a	sses	ssibl	e ur	_	the	Inco		Tax	Act				[s]		Ca Inc No	pita ome inc	I Ga e fro	ains om C	ther	° SOL	urces	'e
	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  First Name	e Ass	esse	ee, \ ot p	who	is a	sses	ssibl	e ur	_	the	Inco		Tax	Act				[s]		Ca Inc No	pita ome inc	I Ga e fro	ains om C	ther	° SOL	urces	le
	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 First Name Middle Name	e Ass	esse	ee, \ ot p	who	is a	sses	ssibl	e ur	_	the	Inco		Tax	Act				[s]		Ca Inc No	pita ome inc	I Ga e fro	ains om C	ther	° SOL	urces	l'e
	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,   Please select title,   as applicable Last Name / Surname  First Name  Middle Name  Address	e Ass	esse	ee, \ ot p	who	is a	sses	ssibl	e ur	_	the	Inco		Tax	Act				[s]		Ca Inc No	pita ome inc	I Ga e fro	ains om C	ther	° SOL	urces	le
	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 First Name Middle Name  Address  Flat / Room / Door / Block No.	e Ass	esse	ee, \ ot p	who	is a	sses	ssibl	e ur	_	the	Inco		Tax	Act				[s]		Ca Inc No	pita ome inc	I Ga e fro	ains om C	ther	° SOL	urces	le
	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  First Name  Middle Name  Address  Flat / Room / Door / Block No.  Name of Premises / Building / Village	e Ass	esse	ee, \ ot p	who	is a	sses	ssibl	e ur	_	the	Inco		Tax	Act				[s]		Ca Inc No	pita ome inc	I Ga e fro	ains om C	ther	° SOL	urces	le
	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 First Name Middle Name  Address Flat / Room / Door / Block No. Name of Premises / Building / Village Road / Street / Lane/Post Office	e Ass	esse	ee, \ ot p	who	is a	sses	ssibl	e ur	_	the	Inco		Tax	Act				[s]		Ca Inc No	pita ome inc	I Ga e fro	ains om C	ther	° SOL	urces	le
	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  First Name  Middle Name  Address  Flat / Room / Door / Block No.  Name of Premises / Building / Village	e Ass	esse	ee, \ ot p	who	is a	sses	ssibl	e ur	_	the	Inco		Tax	Act				[s]		Ca Inc No	pita ome inc	I Ga e fro	ains om C	ther	° SOL	urces	le
	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  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	e Ass	esse	ee, \ ot p	who	is a	sses	ssibl	e ur	_	the	Inco		Tax	Act				[s]		Ca Inc No	pita ome inc	I Ga e fro	ains om C	ther	° SOL	urces	le
	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 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	e Ass	esse	ee, \ ot p	who	is a	sses	ssibl	e ur	_	the	Inco		Tax	Act				[s]		Ca Inc No	pita ome inc	I Ga e fro	ains om C	ther	° SOL	urces	e
14	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 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	e Ass	esse Shr	ee, v	who	is a	sses			K	the	ri	Dime	M	Act	in r	esp	ect	of the		Ca Inc No	pita ome inc	I Ga e fro	ains om C	ther	° SOL	urces	l'e
14	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  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  Documents submitted as Proof of Idea	e Ass	esse e no Shr	ot poi	who	is a	sses			K	the	ri	Dime	M	Act	in r	esp	n (P	OB)	e per	Ca Inc No	pita ome inc	I Ga e fro	ains om C	ther	° SOL	urces	le l
14	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, variable 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  Documents submitted as Proof of Identity	e Ass	esse re no Shr (POI	ee, vot pe	who erm	is a	sses d) Smt		s (P	K	the	ri I Pri	Dime	M	Act	in r	esp	n (P	of the	e per	Ca Inc No	pita ome inc	I Ga e fro	ains om C	ther	° SOL	urces	le l
14	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  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  Documents submitted as Proof of Idea	e Ass	esse re no Shr (POI	ee, vot pe	who erm	is a	sses d) Smt		s (P	K	the	i Prry,	ome	M M	Act	in r	esp	n (Pess	OB)	e per	Ca	pita ome inc	I Gae fro	ains om C	ther	° SOL	urces	le le
14	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, variable 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  Documents submitted as Proof of Identity	e Ass	esse re no Shr (POI	ee, vot pe	who erm	is a	sses d) Smt		s (P	K K	the	i Prry,	ome	M M	Act	in r	esp	n (Pess	OB)	e per	Ca	pita ome inc	I Gae fro	ains om C	ther	° SOL	urces	le l
14	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 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  Documents submitted as Proof of Idea  I/We have enclosed Identity as proof of address and Date	e Ass	esse re no Shr (POI	ee, vot pe	who erm	is a	sses d) Smt. ode Add	ssibl	s (P	K K	the uma	Inco	oof	M of E	Act	in r	esp	ect (	OB)	e per	Ca Inc No	pita come income	ale	ains om C	ther	° SOL	urces	le
14	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, variable 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  Documents submitted as Proof of Identity	e Ass	esse Shre no Shr	ee, \	who	is a sittle	sses d) Smt. ode Add a	res pr	s (Proof a	K K	the uma	ri Incc	oof pacit	of E	Act	in r	esp	ect (	OB)	e per	Ca Inc No	pita come income	ale	ains om C	ther	° SOL	urces	le
14	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 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  Documents submitted as Proof of Identity as proof of address and Date  I/we Applicant Name do hereby declare that what is stated about the submitted as Profession Date	ntity / Pr Of I	(POI	ee, \	who	is a sittle	sses d) Smt. ode Add a	res pr	s (Proof a	K K	the uma	ri Incc	oof pacit	of E	Act	in r	esp	ect (	OB) Pro  [ale	e per	Ca Inc No rson	pita come inc	ale	ains om C	rticu	° SOL	urces	l
14	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  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  Documents submitted as Proof of Idea  I/We have enclosed Identity  as proof of address and Date	ntity / Pr Of I	(POI	ee, \	who	is a sittle	sses d) Smt. ode Add a	res pr	s (Proof a	K K	the uma	ri Incc	oof pacit	of E	Act	in r	esp	ect (	OB) Pro  [ale	e per per per per per per per per per pe	Fee Hee	pita ome income	ale	ains om Coe	rticu	lars	urces	l
14	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 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  Documents submitted as Proof of Identity as proof of address and Date  I/we Applicant Name do hereby declare that what is stated about the submitted as Profession Date	ntity / Pr Of I	(POI	ee, \	who	is a	sses d) Smt. ode Add a	ires app	s (Poof allicar	K K	the uma	ri li Prr yy, [ cap	oof pacit and b	of E	Act /s  Date rth.	in r	esp	ect (	OB) Pro  [ale	e per	Fee Hee	pita ome income	ale	ains om Coe	rticu	lars	urces	l l

## Guidelines for the form 49A

- Residence address field is mandatory for Individuals, HUF, AOP, BOI & AJP Categories.
- If you want Office address field, you have to fill both residence & Office address fields.
  You should submit office address proof also.
- Office address is field is mandatory for Firm, LLP, Company, Local Authority & Trust Categories. Residence address field should be blank.
- Office address should not fill Representative Assessee (RA) field.
- In case of Aaadhar card having only year of birth, Additional Date of Birth proof is mandatory. (Like Birth Certificate, SSC/ Matriculation Certificate, Voter ID, Driving Licence and Passport etc.,)
- If you submit EID (Enrolment Id), you have to submit any other proofs along with EID (other than Aadhar card) for Identity, Address & Date Of Birth Proofs compulsory. (Ex: Voter card, Driving Licence, Passport, Govt. Employee ID etc..)

Category	Capacity Of Verifier				
Individual (Male)	Himself				
Individual (Female)	Herself				
Individual (Minor)	Representative Assessee				
Hindu Undivided Family	Kartha				
Firm / LLP	Partner				
Trust	Trustee				
Company	Authorized Signatory / Director				
Association Of Persons	Authorized Signatory				
Government	Authorized Signatory				
Local Authority	Authorized Signatory				
Body Of Individuals	Authorized Signatory				
Artificial Juridical Person	Authorized Signatory				

#### **Dispatch Of Physical Documents**

- Pls send all physical documents (Pan, Tan, Tds, 24G, Sft) to Head office (Visakhapatnam) only.
- > Physical documents should pack properly & send to head office safely.
- Physical documents should be sealed in tamper-proof envelopes, marked as <u>Restricted Confidential</u> and dispatched through reputed dispatch agencies.
- The documents should contain Acknowledgement receipt with relative proofs compulsory
- If you send documents without Acknowledgement receipt, we will consider that document is not received at Head Office (Visakhapatnam).

### **Dispatch Address:**

Mr.KVS Ramakrisna (Dy. General Manager , e-Governance)

Steel city Securities Limited # 49-52-5/4,

Shantipuram, Visakhapatnam -530016 (Andhra Pradesh)

Call: 9848192732, 0891-6770222.

New Download e-PAN Card (For PAN allotted in last one month)

New Download e-PAN Card (For PAN allotted before one month)

## Penalty Points Observed in New PAN Application

Quality check errors ( Non - Core )								
	Error Field	Penalty (Rs)						
Photo & Sign	( Not Clear Photo , Not Signed across the Photo )	1000						
DOB		500						
Father's Name		500						
Gender		500						
Name on card		500						
Name on letter		500						
Address		500						

Modifications may update .If you want updated data , you can check in TOM (TIN Operation Module)

Quality check errors ( Non - Core )							
Type of error	Penalty (Rs)						
Verification details incorrect digitized.	100						
Source of Income incorrect digitized	100						
Email ID / Contact number not/incorrect digitized	100						
Verifier name incorrect digitized (for non-individual category)	100						
Registration no. mentioned but not /incorrect digitized	100						
DOB / DOI incorrect digitized	100						
Communication address flag not / incorrect digitized	100						
Incorrect Status digitized	100						
PIN / ZIP CODE not/incorrect digitized	100						
AO code incorrect digitized	100						
Document code incorrectly digitized	100						
Name/Name to be printed on card /Father name is incorrect digitized	100						
PAN Proof details not/incorrect digitized	100						
Verifier name not mentioned/incorrect mentioned	100						
RA's details not/incorrect digitized	100						

## Below initials are accepted in Aadhar card but additional proof is required compulsory

AB	BE	EE	НА	KA	MA	OD	RA	UG	YE
AH	BI	EK	HE	KC	MC	OE	RU	UL	YH
AI	ВО	EM	НО	KE	MD	ОН	SA	UN	YI
AJ	BP	EP	HU	KH	MG	OI	SE	UR	YJ
AK	СН	ER	IB	KI	MH	OJ	SI	UZ	YO
AL	CO	ES	ID	KJ	MI	OK	SK	VK	YU
AM	CY	EX	IK	KM	MO	OM	SM	WO	ZA
AN	DA	FA	IL	КО	MU	ON	SO	WU	ZI
AO	DE	FE	IM	KS	NA	OZ	SR	XI	ZU
AR	DI	FK	IN	KU	NG	PI	SU	XU	
AS	DN	FU	JE	LA	NI	PO	TA		
AU	DO	GH	JI	LE	NO	PT	TE		
AW	DU	GI	JO	LI		PU	TI		
		GO	JR	LO		QI	ТО		
		GU	JU	LU		QU	TU		

# If Applicant has initials with name on Aadhaar card, have to submit additional proof for expanded name.

(Like Voter ID, Driving Licence, Passport and Annexure – A with gazzetted officer attestation with Employee ID Card)

Name has to expand in Login Manager like below:

NAME ON AADHAR CARD	LAST NAME / SURNAME	FIRST NAME	MIDDLE NAME	NAME ON PAN CARD
M BALAJI	BALAJI	MUNUSAMY		MUNUSAMY BALAJI <mark>OR</mark> BALAJI M <mark>OR</mark> M BALAJI
CHANDRAN V	CHANDRAN	VADIVEL		VADEVEL CHANDRAN <mark>OR</mark> V CHANDRAN <mark>OR</mark> CHANDRA V
ALAM MD	MD	ALAM		MD ALAM OR ALAM MD
MD AZAD	AZAD	MD		MD AZAD OR AZAD MD
R G VIKRAM	VIKRAM	RAMPURA	GOVINDA	RAMPURA GOVINDA VIKRAM  OR VIKRAM R G OR R G VIKRAM
SURESHA K S	SURESHA	KANAKAPURA	SAMBA	KANAKAPURA SAMBA SURESHA OR K S SURESH OR SURESH K S
PONUGUPATI V S S S CHINMAYI	PONUGUPATI	VSSS	CHINMAYI	PONUGUPATI VSSS CHINMAYI