

Request For Changes Or Correction in PAN Data [For an Individual]

Recent colour
photograph of the applicant
(4.5 cm x 3.5 cm)
with Sign/Left thumb
impression across the photo of
the applicant

Permanent Account Number (PAN)

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Aadhaar Number

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Recent colour
photograph of the applicant
(4.5 cm x 3.5 cm)

Sr. No.	Tick Box	PART A - Personal Information
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1.	<input type="checkbox"/>	A. Name																					
		First Name	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
		Middle Name	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
		Last Name	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				

<input type="checkbox"/>	B. Name (as per Aadhaar)																					
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2.	<input type="checkbox"/>	Gender (select one)	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Transgender
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3.	<input type="checkbox"/>	Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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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4.	<input type="checkbox"/>	Address	<input type="checkbox"/>	Residence	<input type="checkbox"/>	Office	<i>(select one)</i>																						
		Flat/Door/Building		<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																									
		Road/Street/Block/Sector		<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																									
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		Area/Locality/Town/City		<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																									
		District		<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																									
		State/Union Territory	<input type="text"/>	Country/Region	<input type="text"/>	PIN / ZIP CODE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>										

5.	<input type="checkbox"/>	Passport Number	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				

6.	<input type="checkbox"/>	Taxpayer Identification Number in the Country of Residence	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				

7.	<input type="checkbox"/>	Contact Details																													
		(i) Mobile Number	Country Code <table border="1" style="width: 30px; height: 20px;"><tr><td></td><td></td><td></td></tr></table> Mobile Number <table border="1" style="width: 150px; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																												
		(ii) Email ID	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																												
		(iii) Landline No. with Country/ISD Code and Area/STD Code (if any)	Country/ISD Code <table border="1" style="width: 40px; height: 20px;"><tr><td></td><td></td><td></td><td></td></tr></table> Area/STD Code <table border="1" style="width: 40px; height: 20px;"><tr><td></td><td></td><td></td><td></td></tr></table> Landline Number <table border="1" style="width: 100px; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																												

PART B - Details of Parents

8.	<input type="checkbox"/>	Father's First Name	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
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		Father's Last Name	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				

9.	<input type="checkbox"/>	Mother's First Name	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
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10.	<input type="checkbox"/>	Name of parent to be printed on Permanent Account Number card (select one)	<input type="checkbox"/>	Father	<input type="checkbox"/>	Mother
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Part C: Declaration by Applicant or by Representative Assessee on behalf of the Applicant

11.	Documents submitted as Proof of Identity, Proof of Address, Proof of Date of Birth of the Applicant & Proof of Change in support of proposed changes / corrections requested by the Applicant	
	<input type="checkbox"/> (i) Proof of Identity	<input type="checkbox"/> (ii) Proof of Address
	<input type="checkbox"/> (iii) Proof of Date of Birth	
	<input type="checkbox"/> (iv) Documentay proof in support of other changes	<input type="checkbox"/> (v) Copy of PAN

Verification & Declaration

a. I, in the capacity of(Self/Representative Assessee) do hereby declare that what is stated above is true to the best of my knowledge and belief.

Place.....

Date.....



(Signature /Left Hand Thumb Impression of Applicant or Representative Assessee)

GUIDELINES FOR FILLING REQUEST FOR CHANGES OR CORRECTION IN PAN DATA

(For an INDIVIDUAL)

- a) Form to be filled legibly in **BLOCK LETTERS** and preferably in **BLACK INK**. **Form should be filled in English only.**
- b) Mention your PAN correctly. Applicant to provide copy of PAN card with this form. In case of loss of PAN card, a copy of FIR to be submitted along with this form.
- c) Aadhaar number is mandatory except for exempt category. Every Person who possesses Aadhaar shall mandatorily quote Aadhaar in the application.
- d) Each box, wherever provided, should contain only one character (alphabet /number / punctuation sign) leaving a blank box after each word.
- e) All applicants (including minor, mentally ill, unsound mind) should affix two recent colour photographs with white background (size 4.5 cm x 3.5 cm) in the space provided on the form. The photographs should not be stapled or clipped to the form. The clarity of image on PAN card will depend on the quality and clarity of photograph affixed on the form.
- f) Signature / Left hand thumb impression should be provided **across the photo** affixed on the left side of the form in such a manner that portion of signature/impression is on photo as well as on form. The photograph affixed on right side of the form should be clear and without any mark.
- g) Signature /Left hand thumb impression should be **within the box** provided at the bottom right side of the form.
- h) Thumb impression, if used, should be attested by a Magistrate or a Notary Public or an Oath Commissioner or a Gazetted Officer under official seal and stamp.
- i) **For reprint of PAN card without any changes-** PAN holders may visit any of the following websites:
 - i) www.utiitsl.com
 - ii) www.tinpan.proteantech.in
- j) **For changes or correction in PAN data**, tick box on the left margin of appropriate S. No. where change/correction is required and fill that field along with the other mandatory fields in the form.

S. No.	Part A: Personal Information																																																																																																																																																																																																																																																																																												
1	<p>Name & Name as per Aadhaar</p>	<p>Name on Aadhaar is RAVIKANT, it should be written in S. No. 1 B as:</p> <table border="1" style="width: 100%; text-align: center;"> <tr><td>R</td><td>A</td><td>V</td><td>I</td><td>K</td><td>A</td><td>N</td><td>T</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <p>Name on Aadhaar is SURESH SARDA, it should be written in S. No. 1 B as:</p> <table border="1" style="width: 100%; text-align: center;"> <tr><td>S</td><td>U</td><td>R</td><td>E</td><td>S</td><td>H</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <p>Name on Aadhaar is POONAM RAVI NARAYAN, it should be written in S. No. 1 B as:</p> <table border="1" style="width: 100%; text-align: center;"> <tr><td>P</td><td>O</td><td>O</td><td>N</td><td>A</td><td>M</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <p>Name on Aadhaar is M.S. KANDASWAMY (MADURAI SOMASUNDRAM KANDASWAMY), it should be written in S. No. 1 B as:</p> <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td> </td><td>S</td><td> </td><td>K</td><td>A</td><td>N</td><td>D</td><td>A</td><td>S</td><td>W</td><td>A</td><td>M</td><td>Y</td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	R	A	V	I	K	A	N	T																	S	U	R	E	S	H																									P	O	O	N	A	M																															M		S		K	A	N	D	A	S	W	A	M	Y																																			<p>Name to be written in S. No. 1 A as:</p> <table border="1" style="width: 100%; text-align: center;"> <tr><td>First Name</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>Middle Name</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>Last Name</td><td>R</td><td>A</td><td>V</td><td>I</td><td>K</td><td>A</td><td>N</td><td>T</td><td> </td><td> </td><td> </td></tr> </table> <p>Name to be written in S. No. 1 A as:</p> <table border="1" style="width: 100%; text-align: center;"> <tr><td>First Name</td><td>S</td><td>U</td><td>R</td><td>E</td><td>S</td><td>H</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>Middle Name</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>Last Name</td><td>S</td><td>A</td><td>R</td><td>D</td><td>A</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <p>Name to be written in S. No. 1 A as:</p> <table border="1" style="width: 100%; text-align: center;"> <tr><td>First Name</td><td>P</td><td>O</td><td>O</td><td>N</td><td>A</td><td>M</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>Middle Name</td><td>R</td><td>A</td><td>V</td><td>I</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>Last Name</td><td>N</td><td>A</td><td>R</td><td>A</td><td>Y</td><td>A</td><td>N</td><td> </td><td> </td><td> </td><td> </td></tr> </table> <p>Name to be written in S. No. 1 A as:</p> <table border="1" style="width: 100%; text-align: center;"> <tr><td>First Name</td><td>M</td><td>A</td><td>D</td><td>U</td><td>R</td><td>A</td><td>I</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>Middle Name</td><td>S</td><td>O</td><td>M</td><td>A</td><td>S</td><td>U</td><td>N</td><td>D</td><td>R</td><td>A</td><td>M</td></tr> <tr><td>Last Name</td><td>K</td><td>A</td><td>N</td><td>D</td><td>A</td><td>S</td><td>W</td><td>A</td><td>M</td><td>Y</td><td> </td></tr> </table>	First Name												Middle Name												Last Name	R	A	V	I	K	A	N	T				First Name	S	U	R	E	S	H						Middle Name												Last Name	S	A	R	D	A							First Name	P	O	O	N	A	M						Middle Name	R	A	V	I								Last Name	N	A	R	A	Y	A	N					First Name	M	A	D	U	R	A	I					Middle Name	S	O	M	A	S	U	N	D	R	A	M	Last Name	K	A	N	D	A	S	W	A	M	Y	
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		<ul style="list-style-type: none"> (i) It is a mandatory field. (ii) Name should not be prefixed with any title such as Shri/Mr, Smt/Mrs, Kumari/Ms, Dr., Major etc. (iii) Do not use abbreviations in the Name column of S. No. 1 A. (iv) If Aadhaar name contains initials, then expanded name should be filled in the Name column of S. No. 1 A. (v) Aadhaar name will be printed on the PAN card. (vi) For exempt categories, initials in the first and the last name are not allowed. 																																																																																																																																																																																																																																																																																											
2	Gender	It is mandatory to select one of the options as applicable.																																																																																																																																																																																																																																																																																											

