



8 Address for Communication  Residence  Office (Please tick as applicable)

9 Telephone Number & Email ID details

Country code  Area/STD Code  Telephone / Mobile number

Email ID

10 Status of applicant

Please select status,  as applicable  Government  
 Individual  Hindu undivided family  Company  Partnership Firm  Association of Persons  
 Trusts  Body of Individuals  Local Authority  Artificial Juridical Persons  Limited Liability Partnership

11 Registration Number (for company, firms, LLPs etc.)

12 In Case of a person, who is required to quote Aadhaar number/The Enrolment ID of Aadhaar application form as per section 139AA

Please mention your AADHAAR number (if allotted)

If AADHAAR number is not allotted, please mention the enrolment ID of Aadhaar application form

Name as per AADHAAR letter/card or as per the Enrolment ID of Aadhaar application form

13 Source of Income

Please select,  as applicable

Salary  Capital Gains  
 Income from Business / Profession Business/Profession code   [For Code: Refer instructions]  Income from Other sources  
 Income from House property  No income

14 Representative Assessee (RA)

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.

Full Name (Full expanded name : initials are not permitted)

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

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  Pincode

15 Documents submitted as Proof of Identity (POI), Proof of Address (POA) and Proof of Date of Birth (DOB)

I/We have enclosed  as proof of identity,

as proof of address and  as proof of date of birth.

[Please refer to the instructions (as specified in Rule 114 of I.T. Rules, 1962) for list of mandatory certified documents to be submitted as applicable]

[Annexure A, Annexure B & Annexure C are to be used wherever applicable]

16 I/We , the applicant, in the capacity of

do hereby declare that what is stated above is true to the best of my/our information and belief.

Place :

Date :

Signature / Left Thumb Impression of Applicant (inside the box)