

VERIFICATION CERTIFICATE

(Certificate under provisions of rule 114(4) of Income Tax Rules, 1962)

I hereby certify that I know Sri./Smt./Kum. KRISHNE Gowda

Son/Daughter of RANGE Gowda

And whose personal particulars, as given below are correct to the best of my knowledge & belief. I recommend issue of PAN Card by income Tax Department to him/her.

Name	KRISHNE Gowda
Father's Name	RANGE Gowda
Date of Birth	30-09-1959
Residence Address	JAKKENAHALLI VILLAGE KORAVANGHALA POST HASSAN TALUK HASSAN PIN: 573118 Mob: 9902721848
Previous father's Name	KARIGOWDA

Details of issuer of Certificate: Dr. RANGHUNATH CHANNARAYAPATTANA SATHYANARAYAN

MEDICAL OFFICER

DEPARTMENT OF HEALTH AND FAMILY WELFARE



For Pan Purpose Only

Raghunath C.S.
Dr. RAGHUNATH C.S. M.B.B.S.,
Medical Officer
KMC Reg No: 66159
Primary Health Centre
VALAGERAHALLY, HASSAN-573124
Tel. No 08176-259766

KARNATAKA GOVERNMENT	
DEPARTMENT OF HEALTH AND FAMILY WELFARE	
NAME	: Dr. RAGHUNATH C.S.
DESIGNATION	: MEDICAL OFFICER
KMC Regd No	: 66159
PRIMARY HEALTH CENTER VALAGERAHALLY, HASSAN - 573124	