

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

Permanent Account Number (PAN)

A S I P D 0 3 6 2 Q

Aadhaar Number

5 6 4 8 8 1 1 5 4 8 2 8

Sr. No.

Tick
Box

PART A - Personal Information

1. ☒ A. Name

First Name

R A G H U

Middle Name

S I N G O

Last Name

S H I V A P P A

☒ B. Name (as per Aadhaar)

R A G H U S P

2. ☐ Gender (select one)☒

Male

☐

Female

☐

Transgender

3. ☐ Date of Birth

0 3

0 5

1 9

8 9

4. ☒ Address☒

Residence

☐

Office

(select one)

Flat/Door/Building

C / O S H Y A M A N N A

Road/Street/Block/Sector

A L U R T A L U K

Post Office

B O O V A N A H A L L I

Area/Locality/Town/City

H A S A N

District

H A S A N

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5 7

3 2

1 8

5. ☐ Passport Number6. ☐ Taxpayer Identification Number in the Country of Residence7. ☒ Contact Details

(i) Mobile Number

Country Code

9 1

Mobile Number

9 6

0 6

2 7

0 3

0 8

(ii) Email ID

raghussecomm@gmail.com

(iii) Landline No. with Country/ISD Code
and Area/STD Code (if any)

Country/ISD Code

Area/STD Code

Landline Number

PART B - Details of Parents

8. ☒ Father's First Name

S H I V A P P A

Father's Middle Name

B O O V A N A H A L L I

Father's Last Name

S H Y A M A N N A

9. ☐ Mother's First Name

H O N A M A N A H A L L I

Mother's Middle Name

R A M E G O W D A

Mother's Last Name

V I N O D A

10. Name of parent to be printed on Permanent Account Number card (select one)

☒

Father

☐

Mother

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

☒

(i) Proof of Identity

☒

(ii) Proof of Address

☒

(iii) Proof of Date of Birth

☒

(iv) Documentay proof in support of other changes

☒

(v) Copy of PAN

Verification & Declaration

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

Place.....**HASAN**

Date.....**15/06/2026**



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

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File: existing_pan_card.pdf