

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

Permanent Account Number (PAN)

C W K P C 1 6 9 0 N

Aadhaar Number

3 4 5 0 4 0 9 5 1 2 8 3

Sr. No.

Tick
Box

PART A - Personal Information

1. ☒ A. Name

First Name

S H I V A R A N J I N I

Middle Name

Last Name

C H A N D R A

☒ B. Name (as per Aadhaar)

S H I V A R A N J I N I C

2. ☐ Gender (select one)☐

Male

☒

Female

☐

Transgender

3. ☐ Date of Birth

0 8

1st 2

2 0 0 2

4. ☒ Address☒

Residence

☐

Office

(select one)

Flat/Door/Building

2 0 2

Road/Street/Block/Sector

K A R N A N G E R I V I L L A G E

Post Office

M A K K A N D U R

Area/Locality/Town/City

M A D I K E R I

District

K O D A G U

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5 7 1 2 0 1

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

(i) Mobile Number

Country Code

9 1

Mobile Number

9 4 8 1 5 2 2 8 9 9

(ii) Email ID

afreedmh1997@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

Father's Middle Name

Father's Last Name

C H A N D R A

9. ☐ Mother's First Name

Mother's Middle Name

Mother's Last Name

S U J A T H 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, ...**SHIVARANJINI.CHANDRA**....., 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.....**KODAGU**

Date.....**08/10/2026**



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



भारत सरकार
पात सरकार



आधार

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ Enrolment No.: 0129/11032/06988

Download Date: 12/04/2021

To
ಶಿವರಂಜಿನಿ ಸಿ
Shivaranjini C
D/O: Chandra C S
#202
MAdikeri Taluk
Kamangeri
Makkandur
Kodagu Kamataka - 571201
8277727833

Issue Date: 26/02/2019

Signature valid

Digitally signed by
UNIQUE IDENTIFICATION
AUTHORITY OF INDIA GS
Date: 2021.04.13 13:17:50
IST



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

3450 4095 1283

VID : 9133 4930 8579 0528

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India

Download Date: 12/04/2021



ಶಿವರಂಜಿನಿ ಸಿ
Shivaranjini C
ಜನ್ಮ ದಿನಾಂಕ/DOB: 08/12/2002
ಸ್ತ್ರೀ/FEMALE

Issue Date: 26/02/2019

3450 4095 1283

VID : 9133 4930 8579 0528

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आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा सख्या
Permanent Account Number
CWKPC1690N

नाम / Name
Shivaranjini C

जन्म तिथि / Date of Birth
08/12/2002

हस्ताक्षर / Signature

