

PAN CR-01

**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

*Ram Mondal*

Permanent Account Number (PAN)  
CLPPS2230V

Aadhaar Number  
222233334444

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

**PART A - Personal Information**

1.  **A. Name**  
First Name: RAM  
Middle Name:   
Last Name: MONDAL

**B. Name (as per Aadhaar)**  
RAM MONDAL

2.  **Gender (select one)**  Male  Female  Transgender

3.  **Date of Birth** 01 01 1995

4.  **Address**  
 Residence  Office (select one)  
Flat/Door/Building: C/O - RATHIN MONDAL  
Road/Street/Block/Sector: KRISHNAPARA  
Post Office: DOGACHHI  
Area/Locality/Town/City: KOTWALI  
District: NADIA  
State/Union Territory: WEST BENGAL Country/Region: INDIAN PIN / ZIP CODE:   
5.  **Passport Number**  
6.  **Taxpayer Identification Number in the Country of Residence**

7.  **Contact Details**  
(i) Mobile Number Country Code: +91 Mobile Number: 9700000000  
(ii) Email ID: ABCD12@GMAIL.COM  
(iii) Landline No. with Country/ISD Code Country/ISD Code Area/STD Code Landline Number

**PART B - Details of Parents**

8.  **Father's First Name** RATHIN MONDAL  
Father's Middle Name:   
Father's Last Name: MONDAL

9.  **Mother's First Name**  
Mother's Middle Name:  
Mother's Last Name:

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

Place DOGACHHI  
JAZAKHATI.

Date 01-04-2026

*Ram Mondal.*

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

## PAN CR-01

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[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)  
[Grid]

Aadhaar Number  
[Grid]

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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<b>1.</b>	<input type="checkbox"/>	<b>A. Name</b>	
		First Name	[Grid]
		Middle Name	[Grid]
		Last Name	[Grid]

<input type="checkbox"/>	<b>B. Name (as per Aadhaar)</b>	
		[Grid]
		[Grid]
		[Grid]

<b>2.</b>	<input type="checkbox"/>	<b>Gender (select one)</b>	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Transgender
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<b>3.</b>	<input type="checkbox"/>	<b>Date of Birth</b>	<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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<b>4.</b>	<input type="checkbox"/>	<b>Address</b>	<input checked="" type="checkbox"/>	Residence	<input type="checkbox"/>	Office	<i>(select one)</i>
		Flat/Door/Building	[Grid]				
		Road/Street/Block/Sector	[Grid]				
		Post Office	[Grid]				
		Area/Locality/Town/City	[Grid]				
		District	[Grid]				
		State/Union Territory	WEST BENGAL	Country/Region	INDIAN	PIN / ZIP CODE	[Grid]

<b>5.</b>	<input type="checkbox"/>	<b>Passport Number</b>	
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<b>6.</b>	<input type="checkbox"/>	<b>Taxpayer Identification Number in the Country of Residence</b>	
			[Grid]

<b>7.</b>	<input type="checkbox"/>	<b>Contact Details</b>	
		(i) Mobile Number	Country Code <input type="text" value="+ 9 1"/> Mobile Number [Grid]
		(ii) Email ID	[Grid]
		(iii) Landline No. with Country/ISD Code and Area/STD Code (if any)	Country/ISD Code [Grid] Area/STD Code [Grid]
			Landline Number [Grid]

PART B - Details of Parents
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<b>8.</b>	<input checked="" type="checkbox"/>	<b>Father's First Name</b>	
		Father's Middle Name	[Grid]
		Father's Last Name	[Grid]

<b>9.</b>	<input type="checkbox"/>	<b>Mother's First Name</b>	
		Mother's Middle Name	[Grid]
		Mother's Last Name	[Grid]

<b>10.</b>	<input checked="" type="checkbox"/>	<b>Name of parent to be printed on Permanent Account Number card (select one)</b>	<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
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<b>11.</b>	<b>Documents submitted as Proof of Identity, Proof of Address, Proof of Date of Birth of the Applicant &amp; Proof of Change in support of proposed changes / corrections requested by the Applicant</b>
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- (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, ....., in the capacity of **INDIVIDUAL** (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)