

Office Address

Name of office

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 / Zip code

Country Name

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

Individual Hindu undivided family Company Partnership Firm Government

Trusts Body of Individuals Local Authority Artificial Juridical Persons Association of Persons

Limited Liability Partnership

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

Registration Number

12 In case of a person, who is required to quote Aadhaar number or the Enrolment ID of Aadhaar application form as per section 139 AA

Please mention your AADHAAR number (if allotted) 431621150166

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

Name as per AADHAAR letter or 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

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

I/We have enclosed ADHAAR as proof of identity, ADHAAR as proof of address and ADHAAR 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 KHUKUMANI MOLLA, 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 : RAYNAGAR

Date : 14/02/2026

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

