

Annexure -A

*(Certificate to be used by a Member of Parliament/Member of Legislative Assembly / Municipal Councillor or
Gazetted Officer under sub-rule (4) of rule 114 of the Income-tax Rules, 1962)*

(Affix same photograph as
affixed on PAN application
form
(To be attested by issuing
authority with his/her
signature & rubber stamp
appearing half on the
photograph and half on the
certificate)

I hereby certify that I know Sh./ Smt/ Kumari
son/daughter of and his/her personal particulars as
given below are correct to the best of my knowledge and belief. I recommend issue of PAN card by
the Income-tax Department to him/her.

| | |
|---|--|
| Name | |
| Father's Name (even in case of married ladies father's name is to be provided) | |
| Date of Birth | |
| Residence Address (if applicant has resided at more than one place during last one year then all such address with dates should be mentioned) | |
| Office Address | |
| Previous Name (in case of change in name) | |

Details of issuer of certificate

Office address with location

Full Name:

Office Seal

Department/Organisation/Constituency:

Date :

(Enclose a photocopy of I-card)

Place:

Mobile:

(Signature)

Designation:

Identity card No:

Telephone:

on the letter head of the organization / institution

Annexure -B

(Certificate to be used by the Employer under sub-rule (4) of rule 114 of the Income-tax Rules, 1962)

(Affix same photograph as affixed on PAN application form)
(To be attested by issuing authority with his/her signature & rubber stamp appearing half on the photograph and half on the certificate)

It is hereby certified that Sh./ Smt/ Kumari... son/ daughter of is employed with us since He/She is presently working at the following address of the organisation:-

Office Address
.....
.....

The residential address of the applicant as verified by us is given below:

Residential Address
.....
.....

Registration Number of the Company/Institution etc.....

PAN of the Company/Institution:

Details of the Individual issuing the certificate:

Full Name:

Designation:

PAN of the Individual:

Office address with location:

Telephone:

Mobile:

(Signature)

Office Seal

Date:

Place: