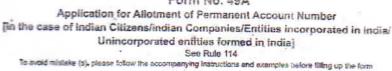
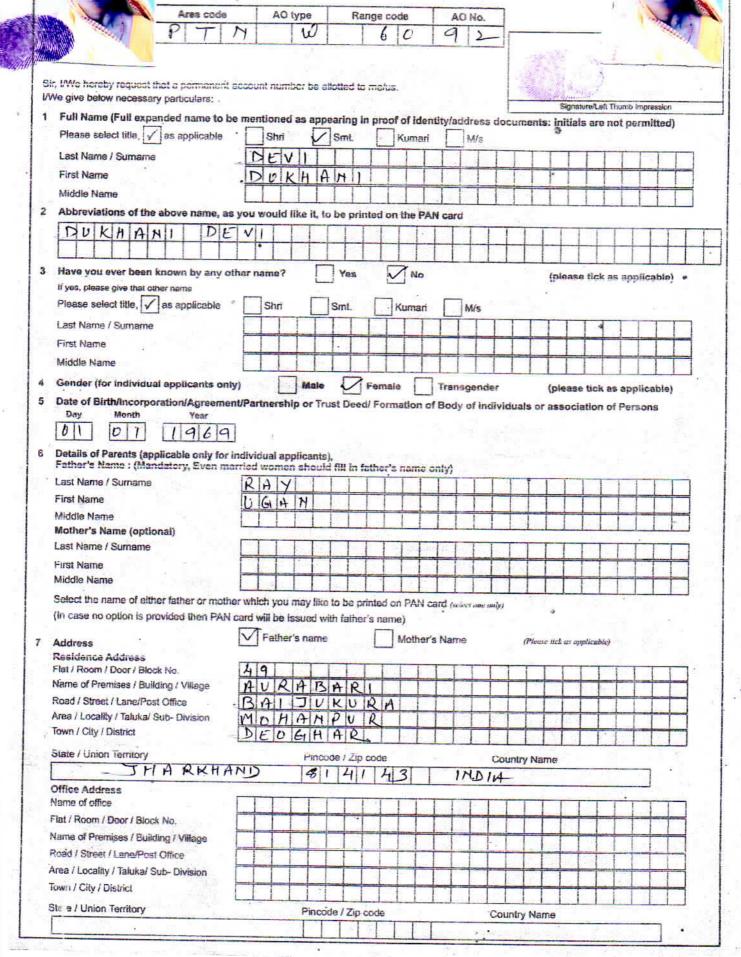
INCOME TAX RULES, 1962





Assessing officer (AO code)



Address for Communication			1	PR	siden	ice .		F	10#	ice			(12)		45.1			
Telephone Number & Email ID deta	ils		Ē		8153 VII.				1	iù:			(10)	688	a tick	23 a	oplica	ble)
A THE STREET OF THE STREET OF THE STREET	STD Co	ode		12	11 10	Teleph	one / A	Aobile	numb	or								
				9	77	HIT	06	- 1	10	_		T						
Email ID																		
10 Status of applicant						2		-			_							
Please select status, V as applicat	ole																	
Individual Hindu undi								7						L	Go	vernn	ent	
	vided far	mity		Compa	any		L	Par	nersh	φF	rm				Ass	ociati	on of	Perso
Trusts Body of Ind	A CONTRACTOR STATE			Local A	Authori	ity		Artif	icial J	uridi	cal P	erso	ns		Lim	ited L	lability	Part
1 Registration Humber (for company,	firms, L	LPs e	tc.)		111.					ő				_				
											T	1	1	1	1			
2 In Case of a person, who is required	to quot	e Aad	haar r	umbe	r/The E	Enroln	ent ID	of A	dhaa	rap	plica	tion	form	n as	pers	ectio	n 139.	AA
. lease member your AAUTIAAR number	er (if allo	tted)	4.	14		117	23	19	5 5	4								
If AADHAAR number is not allotted, ple	ase mer	ntion th	e enre	dment	ID of A	Aadhaa	r appli	cation	form									
Name as per AADHAAR introduced as	1 1	1 1																
Name as per AADHAAR letter/card or a	is per in	E EINO	ment	ID OF A	adhae	rappli	cation I	orm		_	_							
	++-	++	+	+	+	+	-		4	1	1							
	-	+	+	4	++	+		1		1								
										1								
Source of Income													Ple	ase :	selec	V	asa	applic
_ Salary					=									Ca	pital I	Gains		
Income from Business / Profession	Busin	ess/Pr	ofessi	on cod	e		[For C	ode: I	Refer	nstr	uctio	ns]	V	inc	ome	from (Other	sourc
Income from House property		- 7											\Box		incor			
Full name, address of the Representative been given in the column 1-13.		1			sible ur	nder th	e Inco	me la	x Áct i	in re	spec	loft	le pe	1301	i, who	ose po	articula	ars h
Full name, address of the Representative been given in the column 1-13. Full Name (Full expanded name : initial columns)		1			sible ur	nder th	e Inco	me ia	x Act i	n re	spec	loft	le pe	100	i, who	oso po	acticula	ars h
Full name, address of the Representation been given in the column 1-13. Full Name (Full expanded name: initial Please select title, as applicable	ials are	1			sible ur	nder th			x Áct i	in re	spec	iofi	те ре	h 300	s, who	ose po	articula	are h
Full name, address of the Representative been given in the column 1-13. Full Name (Full expanded name: initial Please select title, as applicable Last Name / Sumame	ials are	noi pe		ed)	sible ur					in re	spec	lofi	ie pe	h son	s, who	ose po	adious	are h
Full name, address of the Representative been given in the column 1-13. Full Name (Full expanded name : initial Please select title, as applicable Last Name / Sumame First Name	ials are	noi pe		ed)	sible ur					in re	spec	l of i	ie pe	1 301	, who	page pa	articula	ars h
Full name, address of the Representative been given in the column 1-13. Full Name (Full expanded name: initial Please select title, as applicable Last Name / Sumame First Name Middle Name	ials are	noi pe		ed)	sible ur					in re	spec	lofi	ie pe	in SOIT	, who	pac pr	articula	are h
Full name, address of the Representative been given in the column 1-13. Full Name (Full expanded name : initial Please select title, as applicable Last Name / Sumame First Name Middle Name Address	ials are	noi pe		ed)	sible ur					in re	spec	Lofi	ie pe	i sui	, veno	page pa	articula	are h
Full name, address of the Representation been given in the column 1-13. Full Name (Full expanded name: inition of the Please select title, as applicable Last Name / Sumame First Name Middle Name Address Flat / Room / Door / Block No.	ials are	noi pe		ed)	sible ur					in re	spec	loft	le pe	1.501	- Value of the second	Jee po	articula	are h
Full name, address of the Representative been given in the column 1-13. Full Name (Full expanded name : initial Please select title, as applicable Last Name / Sumame First Name Middle Name Address Flat / Room / Door / Block No. Name of Premises / Building / Village	ials are	noi pe		ed)	sible ur					in re	spec	Loft	The pe	Sui	·	pose pe	articula	ars h
Full name, address of the Representative been given in the column 1-13. Full Name (Full expanded name: initial Please select title, as applicable Last Name / Sumame First Name Middle Name Address Flat / Rosm / Door / Block No. Name of Premises / Building / Village Road / Street / Lane/Post Office	ials are	noi pe		ed)	sible ur					in re	spec	Loft	The pe			pase pa	articula	are ha
Full name, address of the Rapresentation been given in the column 1-13. Full Name (Full expanded name: initional Please select title, as applicable Last Name / Sumame First Name Middle Name Address Flat / Room / Door / Block No. Name of Premises / Building / Village Road / Street / Lane/Post Office Area / Locality / Taluka/ Sub- Division	ials are	noi pe		ed)	sible ur					in re	spec	Loft	le pe	i Soil	·	pose pr	nticula	are h
Full name, address of the Representative been given in the column 1-13. Full Name (Full expanded name: initial Please select title, as applicable Last Name / Surname First Name Middle Name Address Flat / Room / Door / Block No. Name of Premises / Building / Village Road / Street / Lane/Post Office Area / Locality / Taluka/ Sub- Division Town / City / District	ials are	noi pe	rimitte	sd) Smt.	sible ur					in re	spec	Loft	le pe	1		pose po	Additional	ars h
Full name, address of the Representation been given in the column 1-13. Full Name (Full expanded name: initional Please select title, as applicable Last Name / Sumame First Name Middle Name Address Flat / Rosm / Door / Block No. Name of Premises / Building / Village Road / Street / Lane/Post Office Area / Locality / Taluka/ Sub- Division Town / City / District State / Union Territory	ials are	noi pe		sd) Smt.	sible ur					in re	spec	Loft	The pe	l l	·	pose pr	articuls	ars h
Full name, address of the Representation been given in the column 1-13. Full Name (Full expanded name: initional Please select title, as applicable Last Name / Surname First Name Middle Name Address 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	SI SI	not pe	Pinco	Smi.		Kum	ari [N	ls				The pe			pose pr	articular de la constanta de l	ars h
Full name, address of the Representation been given in the column 1-13. Full Name (Full expanded name: initional please select title, as applicable. Last Name / Sumame First Name Middle Name Address Flat / Rosm / Door / Block No. Name of Premises / Buikting / Village. Road / Street / Lane/Post Office. Area / Locality / Taluka/ Sub- Division. Town / City / District. State / Union Territory.	SI S	not pe	Pinco	Smi.		Kum	ari [N	ls				The pe	1	·	DOSC PA	articula	ars hi
Full name, address of the Representative been given in the column 1-13. Full Name (Full expanded name : initial Please select title, as applicable Last Name / Sumame First Name Middle Name Address Flat / Room / Door / Block No. Name of Premises / Building / Village Road / Street / Lana/Post Office Area / Locality / Taluka/ Sub- Division Town / City / District State / Union Territory	SI S	not pe	Pinco	Smt.	s (POA	Kum *	ari	N N N N N N N N N N N N N N N N N N N	lis liste of l	Birti	h (DC	DB)				Disc pa	articular de la constanta de l	ars h
Full name, address of the Rapresentation been given in the column 1-13. Full Name (Full expanded name: initional Please select title, as applicable Last Name / Sumame First Name Middle Name Address Flat / Rosm / Door / Block No. Name of Premises / Building / Village Road / Street / Lane/Post Office Area / Locality / Taluka/ Sub- Division Town / City / District State / Union Territory	sials are	not pe	Pince	Smt.	s (POA	Kum	Proof	of Da	A. [Birti	h (DC	DB)		1		ose pe	ncticuls	ars hi
Full name, address of the Representative been given in the column 1-13. Full Name (Full expanded name: initial Please select title, as applicable Last Name / Sumame First Name Middle Name Address Flat / Roem / Door / Block No. Name of Premises / Building / Village Road / Street / Lane/Post Office Area / Locality / Taluka/ Sub- Division Town / City / District State / Union Territory Procuments submitted as Proof of Ident We have enclosed A A D H as proof of address and A D H	Island Silver (POI)	not pe	Pinco	Smi.	s (POA	Kum	Proof y,	of Da	A. [Birth	in (DC	DB)						
Full name, address of the Representative been given in the column 1-13. Full Name (Full expanded name : initial Please select title, as applicable Last Name / Sumame First Name Middle Name Address Flat / Roum / Door / Block No. Name of Premises / Building / Village Road / Street / Lane/Post Office Area / Locality / Taluka/ Sub- Division Town / City / District State / Union Territory Cocuments submitted as Proof of Identify We have enclosed ADH Please refer to the instructions (as specific	ials are	not pe	Pinco	Smt.	s (POA	Kum	Proof y,	of Da	A. [Birth	in (DC	DB)						
Full name, address of the Representative been given in the column 1-13. Full Name (Full expanded name: initial Please select title, as applicable Last Name / Sumame First Name Middle Name Address 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 Please refer to the instructions (as specifications are for the instructions are for the instructions (as specifications are for the instructions are for the instr	ials are	not pe	Pinco of I.1	Smt.	s (POA	Kum A) and identification for the second control of the second co	Proof y, of date st of m	of Da	A. [Birth	in (DC	DB)						
Full name, address of the Rapresentation been given in the column 1-13. Full Name (Full expanded name: initional Please select title, as applicable Last Name / Sumame First Name Middle Name Address 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 Documents submitted as Proof of Identifications and ADH as proof of address and ADH Please refer to the instructions (as specifications) Annexure A, Annexure B & Annexure C are	isls are Signature Signatu	not pe hri	Pinco of I.T	Smt. Smt. Address Address Rules applica he app	s (POA	Kum A) and identification for the in the	Proof y, capaci	of Da	A. r	Birth	in (DC	DB)						
Full name, address of the Representation been given in the column 1-13. Full Name (Full expanded name: initial Please select title, as applicable Last Name / Surname First Name / Surname First Name Middle Name Address 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 Documents submitted as Proof of Identification of ADH as proof of address and ADH as proof of address and ADH as proof of address and Annexure A Annexure B & Annexure C are We SELC- In hereby declare that what is stated above	isls are Signature is true	not pe hri	Pinco of I.T	Smt. Smt. Address Address Rules applica he app	s (POA	Kum A) and identification for the in the	Proof y, capaci	of Da	A. r	Birth	in (DC	DB)						
Full name, address of the Representation been given in the column 1-13. Full Name (Full expanded name: initial Please select title, as applicable. Last Name / Surname. First Name. Middle Name. Address. Flat / Room / Door / Bleck No. Name of Premises / Building / Village. Road / Street / Lane/Post Office. Area / Locality / Taluka/ Sub- Division. Town / City / District. State / Union Territory. Documents submitted as Proof of Identify. An Description of AD H. Please refer to the instructions (as specific Annexure A, Annexure B & Annexure C are the instruction of the please refer to the please refer to the instruction of the please refer to	isls are Signature is true	not pe hri	Pinco of I.T	Smt. Smt. Address Address Rules applica he app	s (POA	Kum A) and identification for the in the	Proof y, capaci	of Da	A. r	Birth	in (DC	DB)						
Full name, address of the Representation been given in the column 1-13. Full Name (Full expanded name: initial Please select title, as applicable Last Name / Surname First Name / Surname First Name Middle Name Address 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 Documents submitted as Proof of Identification of ADH as proof of address and ADH as proof of address and ADH as proof of address and Annexure A Annexure B & Annexure C are We SELC- In hereby declare that what is stated above	isls are Signature is true	not pe hri	Pinco of I.T	Smt. Smt. Address Address Rules applica he app	s (POA	Kum A) and identification for the in the	Proof y, capaci	of Da	A. r	Birth	in (DC	DB)						
Full name, address of the Representation been given in the column 1-13. Full Name (Full expanded name: initial Please select title, as applicable Last Name / Surname First Name Surname Surnam	isls are Signature is true	not pe hri	Pinco of I.T	Smt. Smt. Address Address Rules applica he app	s (POA	Kum A) and identification for the in the	Proof y, capaci	of Da	A. r	Birth	in (DC	DB)						
Full Name (Full expanded name : initial Please select title, as applicable Last Name / Sumame First Name Middle Name Address Flat / Room / Door / Block No. Name of Premises / Buikding / Village Road / Street / Lane/Post Office Area / Locality / Taluka/ Sub- Division Town / City / District State / Union Territory Documents submitted as Proof of Ident I/We have enclosed A A D H Please refer to the instructions (as specifications) Annexure A, Annexure B & Annexure C are I/We SELC- to hereby declare that what is stated above Place: DECG HW	isls are Signature is true	not pe hri	Pinco of I.T	Smt. Smt. Address Address Rules applica he app	s (POA	Kum A) and identification for the in the	Proof y, capaci	of Da	A. r	Birth	in (DC	DB)						





Government of India

नामांकन क्रमांक/Enrolment No.: 1172/20023/36940

To: Dukhani Devi (दुखनी देवी) W/O Puran Ray House Number- 49 Aurabari Dengha: Jharkhand - 814143

EY 02569043 4 IN

आपका आधार क्रमांक / Your Aadhaar No.:

2341 1723 8541

आधार - आम आदमी का अधिकार

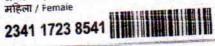


GOVERNMENT OF INDIA



दुखनी देवी Dukhani Devi

जन्म वर्ष / Year of Birth : 1969



आधार - आम आदमी का अधिकार