

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/Kum... **Sinimol Poyyil Vasu**
..... son/daughter of ...**Vasu**.....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	Sinimol Poyyil Vasu
Father's Name (even in case of married ladies father's name is to be provided)	Vasu
Date of Birth	20/07/1978
Residence Address (if applicant has resided at more than one place during last one year then all such address with dates should be mentioned)	Poyyil House Chundale Village Vythiri, Wayanad, Kerala
Office Address	Nil
Previous Name (in case of change in name)	Sinimol

Details of issuer of certificate

Office address with location
All India Institute of Speech and Hearing,
Manasagangotri, Near Toll Gate, Bogadi Road
Mysuru,
Office Seal

(Signature)

Full Name: **N. Manohar**
Designation: **Reader in Electronics**
Department/Organisation/Constituency: **All India
Institute of Speech and Hearing, Mysuru (MHFW,
Govt. of India)**
Identity card No: **1144**

Mobile: **9900206045**

(Enclose a photocopy of I-card)

Telephone: **0821-2502200**

Date : 01.07.19

Place: Manasagangotri