

**1. Name of Father** (required if name exceeds 30 characters and not able to be covered on page 1 of the application form)

[illegible]

**2. Name of Mother** (required if name exceeds 30 characters and not able to be covered on page 1 of the application form)

[illegible][illegible]

Please provide the following details in Devnagri script for printing the PRAN card in Hindi. Also, please note that the manner in which the names are provided in this annexure will be displayed on the PRAN card. However, date of birth will be printed in English only. All the given below fields are mandatory.

|             |                                        |                                                                                                                                               |
|-------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
|             | <b>Subscriber's Full Name in Hindi</b> | <b>Father/Mother's Full Name in Hindi</b><br>(As selected in the Subscriber Registration form)<br>Please refer Sr. No. 1 of the instructions. |
| First Name  |                                        |                                                                                                                                               |
| Middle Name |                                        |                                                                                                                                               |
| Last Name   |                                        |                                                                                                                                               |

|                                                               |                                                                                                                                                                                                                                                                                                                                    |
|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                               | <b>Name:</b>                                                                                                                                                                                                                                                                                                                       |
|                                                               | <b>Place:</b>                                                                                                                                                                                                                                                                                                                      |
| <b>Signature/Thumb Impression* of Subscriber in black ink</b> | <b>Date:</b> <input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="/"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="/"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> |

(\* LTI (Left Thumb Impression) in case of male and RTI (Right Thumb Impression) in case of female)