



|                      |                        |
|----------------------|------------------------|
| <b>Payment Date:</b> | 05/10/2026 Rs.107.00/- |
|----------------------|------------------------|

Application Date: 05/10/2026

User Name: DEBAS60028

Application Mode : Physical Application



**[For an Individual being a Citizen of India]**

Pratima Kumar Pradhan

| S. No. | PART A - Personal Information                                                                                                                                                                                                           |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1      | <div>A. Name<br/>First Name<br/><div>P R A T I M A</div><br/>Middle Name<br/><div>J A N A</div><br/>Last Name<br/><div>P R A D H A N</div></div> <div>B. Name (as per Aadhaar)<br/><div>P R A T I M A J A N A P R A D H A N</div></div> |
| 2      | Gender (select one)    Male    Female    Transgender                                                                                                                                                                                    |
| 3      | Date of Birth    1 2 / 0 4 / 1 9 9 2                                                                                                                                                                                                    |
| 4      | Aadhaar Number    7 1 6 4 1 0 5 1 1 3 6 4                                                                                                                                                                                               |
| 5      | Residence Address<br>Flat/Door/Bldg:<br>Road/Street/ Block/Sector:<br>Post Office:<br>Area/Locality/Town/City:<br>District:<br>State/Union Territory:                                                                                   |
| 6      | Office Address<br>Flat/Door/Bldg:<br>Road/Street/ Block/Sector:<br>Post Office:<br>Area/Locality/Town/City:<br>District:<br>State/Union Territory:                                                                                      |
| 7      | Residential Status (select one as applicable):<br>Resident   Non Resident   Resident but Not ordinarily Resident                                                                                                                        |
| 8      | Passport Number (mandatory for)<br>(i) Non-Resident<br>(ii) Resident but not ordinarily resident)                                                                                                                                       |
| 9      | Taxpayer Identification Number (TIN) in the Country of Residence (if any)                                                                                                                                                               |
| 10     | Contact Details<br>(i) Mobile Number    Country Code    Mobile Number<br>(ii) Email ID<br>(iii) Landline No. with STD Code (if any)    Area/STD Code    Landline Number                                                                 |

**PART B- Source of Income**

### PART C - Details of Parents

PART D - Assessing Officer Code (AO Code)

|  |  | Area Code | AO Type | Range Code | AO No. |
|--|--|-----------|---------|------------|--------|
|--|--|-----------|---------|------------|--------|

|                                                |  |
|------------------------------------------------|--|
| PART E- Representative Assessee, if applicable |  |
|------------------------------------------------|--|

[illegible]

|                               |  |
|-------------------------------|--|
| Part F: Communication Address |  |
|-------------------------------|--|

|    |                           |                                                       |                                                          |                                         |
|----|---------------------------|-------------------------------------------------------|----------------------------------------------------------|-----------------------------------------|
| 22 | Address for Communication | <input checked="" type="checkbox"/> Residence Address | <input type="checkbox"/> Representative Assessee Address | <input type="checkbox"/> Office Address |
|----|---------------------------|-------------------------------------------------------|----------------------------------------------------------|-----------------------------------------|

|  |                                                                                                   |
|--|---------------------------------------------------------------------------------------------------|
|  | <b>Part G: Declaration by Applicant or by Representative Assessee on Behalf of the Applicant</b>  |
|  | <b>Attachment Proof of Identity, Proof of Address and Proof of Date of Birth of the Applicant</b> |

23. Documents submitted as Proof of Identity, Proof of Address and Proof of Date of Birth of the applicant:

|  |  |                                       |  |
|--|--|---------------------------------------|--|
|  |  | <b>Verification &amp; Declaration</b> |  |
|--|--|---------------------------------------|--|

PRATIMA JANA PRADHAN In the capacity of SELF (Self/Representative Assessee) do hereby

(Signature /Left Hand Thumb Impression of Applicant or Representative Assessee)



ভারতীয় বিধান পরিষদ প্রাধিকার

ভারত সরকার

Unique Identification Authority of India

Government of India

তালিকাভুক্তির আই ডি / Enrollment No.: 2730/03397/00663

To

প্রতিমা জানা প্রধান

Pratima Jana Pradhan

C/O Dinesh Pradhan

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Jerthan

Jerthan

Egra-I Purba Medinipur

West Bengal 721420

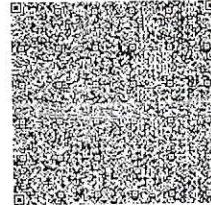
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31/08/2014

145876957



ME458769570FH



আপনার আধার সংখ্যা / Your Aadhaar No. :

**7164 1051 1364**

আমার আধার, আমার পরিচয়



ভারত সরকার

Government of India



প্রতিমা জানা প্রধান

Pratima Jana Pradhan

জন্মতারিখ / DOB : 12/04/1992

মহিলা / Female



**7164 1051 1364**

আমার আধার, আমার পরিচয়



ভারতের নির্বাচন কমিশন  
ELECTION COMMISSION OF INDIA  
নির্বাচকের সচিব পরিচয় পত্র Elector's Photo Identity Card

ZCO1685734



নাম : প্রতিমা জানা প্রধান

Name : Pratima Jana Pradhan

স্বামীর নাম : দীনেশ প্রধান

Husband's Name : Dinesh Pradhan

লিঙ্গ/Gender : স্ত্রী / Female

জন্ম তারিখ / বয়স :

Date of Birth/ Age : 12-04-1992



ঠিকানা : জেডথান (আংশিক), জেডথান, এগরা, পূর্ব মেদিনীপুর,  
721420

Address : Jerthan(Part), Jerthan, EGRA, PURBO  
MEDINIPUR, 721420



নির্বাচন নিবন্ধন অধিকারিক, 218-এগরা (সাধারণ)  
Electoral Registration Officer, 218-Egra (GENERAL)  
Date : 30-04-2023

স্মরণ : Note :

- 1) প্রতি নির্বাচনে আগে, অন্ততঃ দুই সপ্তাহ আগে নির্বাচন প্রকৌশল দপ্তরকে জানাতে হবে।  
Before every Election, please check that your name exists in current electoral list.
- 2) নির্বাচনের উদ্দেশ্যে হাটতে, এই কার্ডটি সত্যের প্রমাণ নয়।  
This card is not a proof of age except for the purpose of election.

ZCO1685734

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🌐 [www.ceowestbengal.nic.in](http://www.ceowestbengal.nic.in)

Pratima Jana Pradhan.