

Request For New PAN Card Or/ And Changes Or Correction in PAN Data



Permanent Account Number (PAN)

C N P P S 2 9 7 9 L

ELIYAS

Please read Instructions 'h' & 'i' for selecting boxes on left margin of this form.

Signature / Left thumb impression

ELIYAS

☑ **1 Full Name (Full expanded name to be mentioned as appearing in proof of identity/address documents: initials are not permitted)**

Please select title, ☐ *as applicable* ☑ Shri ☐ Smt ☐ Kumari ☐ M/s

Last Name / Surname	S H A I K H
First Name	E L I Y A S
Middle Name	M A H A M E D H A R U N

Name you would like it printed on the PAN card

E L I Y A S M A H A M E D H A R U N S H A I K H

☐ **2 Details of Parents (applicable only for Individual applicants)**

Father's Name (Mandatory. Even married women should fill in father's name only)

Last Name / Surname	S H A I K H
First Name	M O H A M M A D
Middle Name	H A R U N

Mother's Name (optional)

Last Name / Surname	
First Name	
Middle Name	

Select the name of either father or mother which you may like to be printed on PAN card (Select one only)

(In case no option is provided then PAN card will be issued with father's name) ☑ Father's Name ☐ Mother's Name (Please tick as applicable)

☐ **3 Date of Birth/Incorporation/Agreement/Partnership/Trust Deed/ Formation of Body of individuals or Association of Persons**

Day	Month	Year
2 5	0 3	1 9 7 6

☐ **4 Gender (for 'Individual' applicant only)** ☑ Male ☐ Female ☐ Transgender *(Please tick as applicable)*

☐ **5 Photo Mismatch**

☐ **6 Signature Mismatch**

☐ **7 Address for Communication** ☑ Residence ☐ Office *(Please tick as applicable)*

Name of Office (to be filled only in case of office address)	
Flat/Room/ Door / Block No.	G A Y A K M O H D R A F I N A G A R
Name of Premises/ Building/Village	P A R T N O 2
Road/Street/ Lane/Post Office	N E A R B A B - E - R A H M A T M A S J I D
Area / Locality / Taluka / Sub- Division	G A L L I N O - 3 0 G O V A N D I
Town / City / District	M U M B A I
State / Union Territory	MAHARASHTRA
Pincode / Zip code	4 0 0 0 4 3
Country Name	INDIA

☐ **8 If you desire to update your other address also, give required details In additional sheet.**

☐ **9 Telephone Number & Email ID details**

Country code	Area/STD Code	Telephone / Mobile number
+ 9 1		9 2 2 4 5 2 8 6 7 4

Email ID RK9820899484@GMAIL.COM

☐ **10 AADHAAR number (if allotted)** 2 8 5 8 4 1 3 6 2 2 8 5

Name as per AADHAAR letter/card

E L I Y A S M A H A M E D H A R U N S H A I K H

☐ **11 Mention other Permanent Account Numbers (PANs) inadvertently allotted to you**

PAN 1 **PAN 2** **PAN 3** **PAN 4**

12 Verification

I/We ELIYAS MAHAMED HARUN SHAIKH **, the applicant, in the capacity of** HIMSELF/HERSELF **do hereby declare that what is stated above is true to the best of my/our information and belief.**

I/We have enclosed 1 **(number of documents) in support of proposed changes / corrections.**

Place MUMBAI

Date D D M M Y Y Y Y — 1 4 0 6 2 0 2 5

ELIYAS

Signature / Left Thumb Impression of Applicant (inside the box)

भारत सरकार
Government of India

आधार



Issue Date: 07/08/2013

Eliyas Mahamed Harun Shaikh
Date of Birth/DOB: 25/03/1976
Male/ MALE
Mobile No: 9224528647

2858 4136 2285
VID : 9123 0615 0772 2012

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

AADHAAR

Download Date: 05/10/2022

Address:
C/O: Mohammad Harun Shaikh, Gayak Mohd Rafi Nagar, Part No-2, Near Bab-E-Rehmat Masjid, Galli No-30 Govandi, Mumbai, Mumbai Suburban,
Maharashtra - 400043

2858 4136 2285

1947 | help@uidai.gov.in | www.uidai.gov.in

ELIYAS