

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

736102331



Permanent Account Number (PAN)

C L H P K 0 9 1 5 L

JG.

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

JG.

Signature/Left thumb impression

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

Last Name / Surname KHAN

First Name JAMAL

Middle Name AHAMAD

Name you would like it printed on the PAN card

JAMAL AHAMAD KHAN

☐ 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 KHAN

First Name MOHD

Middle Name ISLAM

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 0 1 Month 0 1 Year 1 9 6 1

☐ 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. RAFIQUE NAGAR 202

Name of Premises/ Building/Village SHIVAJI NAGAR

Road/Street/ Lane/Post Office NEAR KHAWAJAJA GARIB NAWAJS

Area / Locality / Taluka / Sub- Division CHAL - GOVANDI

Town / City / District MUMBAI

State / Union Territory MAHARASHTRA Pincode / Zip code 400043 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 +91 Area/STD/Code Telephone / Mobile number 8898260540

Email ID RK9820899484@gmail.com

☐ 10 **AADHAAR number (if allotted)** 7738 8410 0644

Name as per AADHAAR letter/card JAMAL AHAMAD KHAN

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

PAN 1 PAN 2 PAN 3 PAN 4

☐ 12 **Verification**

I/We Jamal Ahamad Khan, the applicant, in the capacity of

do hereby declare that what is stated above is true to the best of my/our information and belief.

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

Place MUMBAI

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

JG.

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

भारत सरकार
Government of India

आधार



Jamal Ahamad Khan
Date of Birth/DOB: 01/01/1961
Male/ MALE
Mobile: 8898260540

7738 8410 0644

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

Address:
S/O MOHD. ISLAM KHAN, RAFIQUE NAGAR ZO 2, SHIVAJI NAGAR, NEAR KHAWAJAJA GARIB NAWAJS CHAL, GOVANDI, Mumbai, PO: Shivaji Nagar, DIST: Mumbai Suburban, Maharashtra - 400043

1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

P.O. Box No. 1947, Bengaluru-560 001

JG.