

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



Permanent Account Number (PAN)

H J Z P S S 7 5 2 J

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

Signature / Left thumb impression across this photo

Signature / Left thumb impression

☑ 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: SHAIKH

First Name: JARINA

Middle Name: NOOR AHMED

Name you would like it printed on the PAN card

JARINA NOOR AHMED SHAIKH

☑ 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: ABDUL

Middle Name: JABBAR

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: 01 Month: 01 Year: 1987

☐ 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.: NEAR KABRASTAN

Name of Premises/ Building/Village: MOHD RAFI NAGAR ZOPADPATTI

Road/Street/ Lane/Post Office: I PART NO 2, GOVANDI

Area / Locality / Taluka / Sub- Division: 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: 9854899484

Email ID: RK98208994@GMAIL.COM

☐ 10 AADHAAR number (if allotted) 247329707865

Name as per AADHAAR letter/card: JARINA NOOR AHMED SHAIKH

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

PAN 1: PAN 2: PAN 3: PAN 4:

12 Verification

I/We JARINA NOOR AHMED 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 03 01 2025

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

Note: As per provisions of Section 272B of the Income Tax Act., 1961, a penalty of ₹ 10,000 can be levied on possession of more than one PAN.

सत्यमेव जयते
भारत सरकार

आधार

भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नामांकन क्रम / Enrollment No. : 2722/99992/03143

To
Jarina Noor Ahmed Shaikh
जरीना नूर अहमद शेख
W/O Noor Ahmed Shaikh,
near kabrstan,
mohd rafi nagar zopadpatti part no 2,
VTC: Govandi,
District: Mumbai,
State: Maharashtra, PIN Code: 400043,
Mobile: 9930239105

65037421

KF650374214FI

आपका आधार क्रमांक / Your Aadhaar No. :

2473 2970 7865

मेरा आधार, मेरी पहचान

भारत सरकार
Government of India

आधार



Issue Date: 04/11/2011

जरीना नूर अहमद शेख
Jarina Noor Ahmed Shaikh
जन्म तिथि / DOB: 01/01/1987
महिला / Female

2473 2970 7865

मेरा आधार, मेरी पहचान


आयकर विभाग
INCOME TAX DEPARTMENT
भारत सरकार
GOVT. OF INDIA
स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
HJZPS5752J
नाम / Name
JARINA NOOR AHMED SHAIKH
पिता का नाम / Father's Name
ABOUL JABBAR KHAN
जन्म की तारीख / Date of Birth
05/03/1987
हस्ताक्षर / Signature
14012017

प्रति।