

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



Permanent Account Number (PAN)

D H R P S 6 4 8 0 R

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

Signature / Left thumb impression

1 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	MD. JARAR
Middle Name	ABDULKAYUM

Name you would like it printed on the PAN card

MD. JARAR ABDULKAYUM 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	SHAIKH
First Name	ABDULKAYUM
Middle Name	

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
01	06	1975

☐ **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.	INDIRA NAGAR
Name of Premises/ Building/Village	CHIKHALWADI ROAD NO-14
Road/Street/ Lane/Post Office	NEAR FAIZANE RAZA MASJID
Area / Locality / Taluka / Sub- Division	BAIGANWADI GOVANDI
Town / City / District	MUMBAI

State / Union Territory	Pincode / Zip code	Country Name
MAHARASHTRA	400043	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
+91		9833215467

Email ID RK9820899484@GMAIL.COM

☐ **10 AADHAAR number (if allotted)** 3611826914 1

Name as per AADHAAR letter/card

MD. JARAR ABDULKAYUM SHAIKH

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

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

12 Verification

I/We MD. JARAR ABDULKAYUM 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 — 29 12 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.

भारत सरकार
GOVERNMENT OF INDIA

AADHAAR



Aadhaar no. issued: 31/07/2011

मो. जरार अब्दुल्कयुम शेख
Md. Jarar Abdulkayum Shaikh
जन्म तारीख/DOB: 01/06/1975
पुरुष/ MALE
Mobile No: 9833215467

3511 1626 9141
VID : 9179 5339 9839 0889

माझे आधार , माझी ओळख

भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

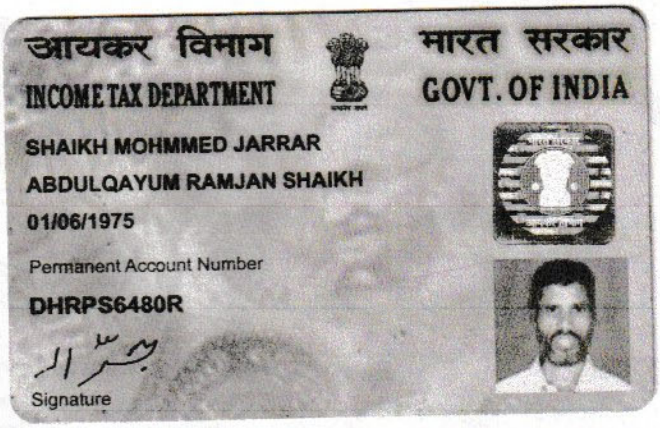
AADHAAR

पत्ता:
सी/ओ अब्दुलकायुम शेख, इंदिरा नगर चिखलवाडी, रोड नो-१४, निअर फैजाने रझा मस्जिद, बैगनवाडी गोवंडी, मुंबई, शिवाजी नगर, मुंबई सबर्बन,
महाराष्ट्र - 400043

Address :
C/O Abdulkayum Shaikh, Indira Nagar Chikhalwadi, Road No-14, Near Faizane Raza Masjid, Baiganwadi Govandi, Mumbai, PO: Shivaji Nagar, DIST: Mumbai Suburban, Maharashtra - 400043

3511 1626 9141
VID : 9179 5339 9839 0889

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आयकर विभाग
INCOME TAX DEPARTMENT
भारत सरकार
GOVT. OF INDIA
SHAIKH MOHMMED JARRAR
ABDULQAYUM RAMJAN SHAIKH
01/06/1975
Permanent Account Number
DHRPS6480R
Signature

جرار