

MDPARVEZ

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



Permanent Account Number (PAN)

E	S	H	P	P	4	7	8	3	A

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

MDPARVEZ

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	MD
Middle Name	PARVEZ

Name you would like it printed on the PAN card

MD PARVEZ 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	MD SHARTE
Middle Name	ALAM

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 1995

☐ **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.	MOHD RAFI NAGAR PART NO 2
Name of Premises/ Building/Village	NEAR GAUSUL WARA MADARSA
Road/Street/ Lane/Post Office	GOVANDI, SHIVAJI NAGAR
Area / Locality / Taluka / Sub- Division	MUMBAI
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: 9833426829

Email ID RK9820899484@GMAIL.COM

☐ **10 AADHAAR number (if allotted)** 842815839008

Name as per AADHAAR letter/card: MD PARVEZ 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 PARVEZ 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.**

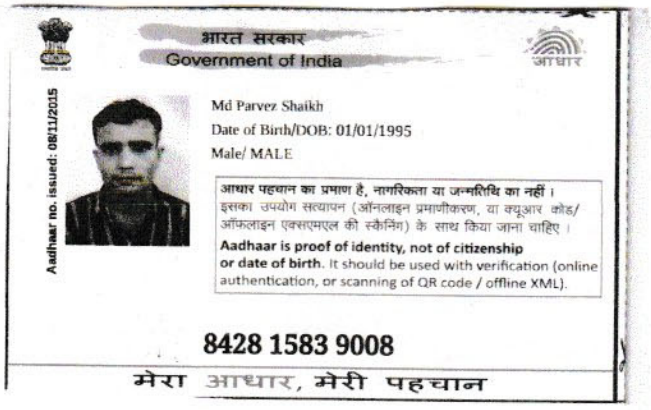
I/We have enclosed ☐ **(number of documents) in support of proposed changes / corrections.**

Place MUMBAI

Date D D M M Y Y Y Y: 09062025

MDPARVEZ

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



भारत सरकार
Government of India

आधार

Aadhaar no. issued: 08/11/2015

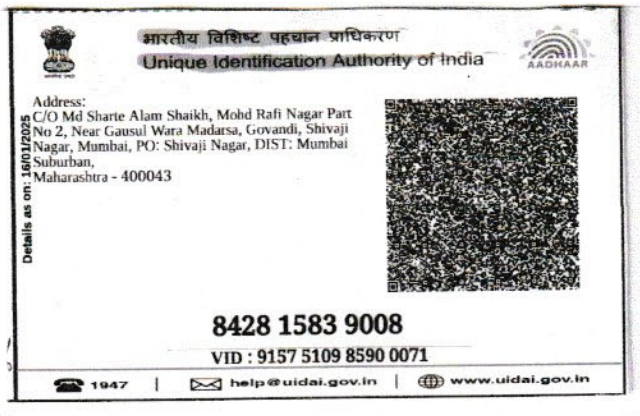
Md Parvez Shaikh
Date of Birth/DOB: 01/01/1995
Male/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/ ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।

Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

8428 1583 9008

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

AADHAAR

Details as on: 16/01/2025

Address:
C/O Md Sharte Alam Shaikh, Mohd Rafi Nagar Part No 2, Near Gausul Wara Madarsa, Govandi, Shivaji Nagar, Mumbai, PO: Shivaji Nagar, DIST: Mumbai Suburban,
Maharashtra - 400043

8428 1583 9008

VID : 9157 5109 8590 0071

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MD PARVEZ