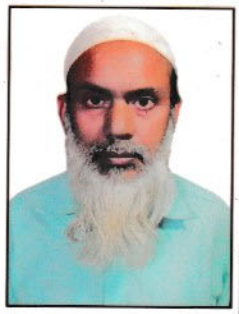


Request For New PAN Card Or/ And Changes Or Correction in PAN Data



Permanent Account Number (PAN)

E	Q	P	P	S	7	1	1	6	J

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

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	MO. ATAULLAH
Middle Name	SHAFIULLAH

Name you would like it printed on the PAN card

MO. ATAULLAH SHAFIULLAH 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	SHAFIULLAH
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 01 **Month** 01 **Year** 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.	RAFI NAGAR ZOPADPATTI
Name of Premises/ Building/Village	ROOM NO 448
Road/Street/ Lane/Post Office	GOVANDI
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:** 8655199875

Email ID RK9820899484@GMAIL.COM

☐ **10 AADHAAR number (if allotted)** 534234232464

Name as per AADHAAR letter/card

MO. ATAULLAH SHAFIULLAH SHAIKH

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

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

12 Verification

I/We MO. ATAULLAH SHAFIULLAH 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: 30042025

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

भारत सरकार
Government of India

आधार



Aadhaar no. issued: 14/11/2011

Mo. Ataullah Shafiullah Shaikh
Date of Birth/DOB: 01/01/1975
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).

5342 3423 2464

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

AADHAAR

Address:
S/O Shafiullah Shaikh, rafi nagar zopadpatti, room no 448, govandi, DIST: Mumbai, Maharashtra - 400043

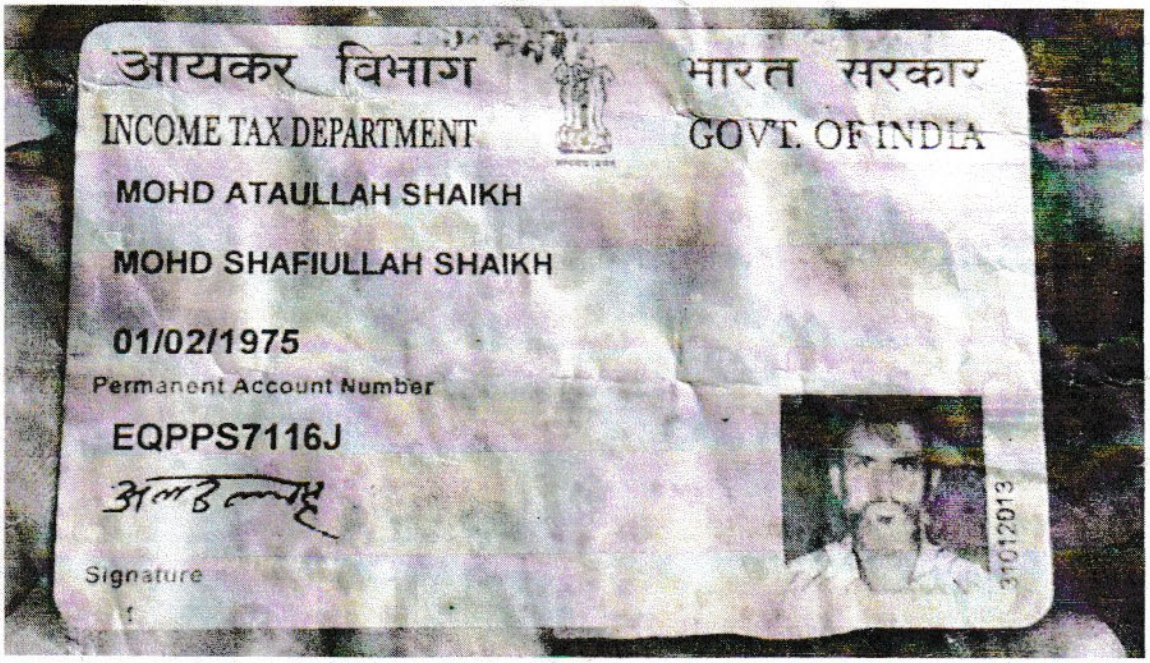
Details as on: 13/01/2024

5342 3423 2464

VID : 9135 6560 9674 5749

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

✓


आयकर विभाग
INCOME TAX DEPARTMENT
भारत सरकार
GOVT. OF INDIA
MOHD ATAULLAH SHAIKH
MOHD SHAFIULLAH SHAIKH
01/02/1975
Permanent Account Number
EQPPS7116J
Signature
31012013