

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



Permanent Account Number (PAN)

OMFPS0222B

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

Nida

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: NIDA

Middle Name: GAOS MOHAMMED

Name you would like it printed on the PAN card

NIDA GAOS MOHAMMED 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: GOUS

Middle Name: MOHAMMAD

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: 04 Month: 08 Year: 2007

☐ **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.: SHIVAJI NAGAR

Name of Premises/ Building/Village: MOHAMMAD RAFI NAGAR PART-2

Road/Street/ Lane/Post Office: ROOM NO. 120

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: 7710827992

Email ID: RK98208994846@GMAIL.COM

☐ **10 AADHAAR number (if allotted)** 926616410995

Name as per AADHAAR letter/card: NIDA GAOS MOHAMMED SHAIKH

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

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

12 Verification

I/We NIDA GAOS MOHAMMED 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 — 1 5 0 1 2 0 2 6

Nida

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

आधार

भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

Enrolment No.: 2821/27368/00698

To
Nida Gaos Mohammed Shaikh
D/O Gous Mohammad Shaikh,
shivaji nagar,
mohammad rafi nagar part-2, room no.120,
VTC: GOVANDI,
District: Mumbai,
State: Maharashtra,
PIN Code: 400043,
Mobile: 9076036327

Signature valid

आपका आधार क्रमांक / Your Aadhaar No. :

9266 1641 0995

VID : 9160 7527 0939 5411

मेरा आधार, मेरी पहचान

भारत सरकार
Government of India

आधार

Aadhaar no. issued: 31/07/2011



Nida Gaos Mohammed Shaikh
Date of Birth/DOB: 04/08/2007
Female/ FEMALE

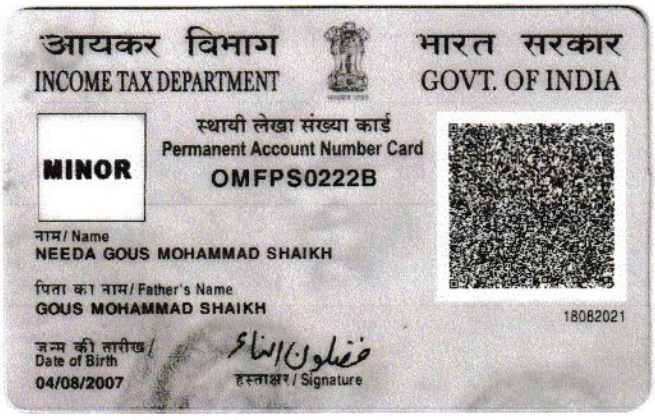
आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/ ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।

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).

9266 1641 0995

मेरा आधार, मेरी पहचान

Mido


आयकर विभाग
INCOME TAX DEPARTMENT
भारत सरकार
GOVT. OF INDIA
MINOR
स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
OMFPS0222B
नाम/ Name
NEEDA GOUS MOHAMMAD SHAIKH
पिता का नाम/ Father's Name
GOUS MOHAMMAD SHAIKH
18062021
जन्म की तारीख/ Date of Birth
04/08/2007
हस्ताक्षर / Signature

Nida