

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



Permanent Account Number (PAN)

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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	RAFINA KHATOON
Middle Name	AJMAT ALI

Name you would like it printed on the PAN card

RAFINA KHATOON AJMAT ALI 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	JAFAR
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** 1985

☐ **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 BABE REHAMAT MASJID
Name of Premises/ Building/Village	MOHD. RAFIQUE NAGAR
Road/Street/ Lane/Post Office	ZOPADPATTI PART NO 2
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** 9832356911

Email ID RK9820899484@GMAIL.COM

☐ **10 AADHAAR number (if allotted)** 968176091462

Name as per AADHAAR letter/card

RAFINA KHATOON AJMAT ALI
SHAIKH

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

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

12 Verification

I/We RAFINA KHATOON AJMAT ALI 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: 13 05 2025

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


आयकर विभाग
INCOME TAX DEPARTMENT
भारत सरकार
GOVT. OF INDIA
RAFINA AZMAT ALI SHAIKH
JAFAR SHAIKH
06/07/1986
Permanent Account Number
EOAPS6921C
Signature
21122012

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सत्यमेव जयते
भारत सरकार

आधार

भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

Enrollment No.: 2821/27063/00224

To
Rafina Khatoon Ajmat Ali Shaikh
W/O Ajmat Ali Shaikh,
near babe rehamat masjid, mohd. rafique nagar
zopadpatti part no 2,
VTC: Govandi,
District: Mumbai,
State: Maharashtra,
PIN Code: 400043,
Mobile: 9833235691

77662119

MF776621193FI

आपका आधार क्रमांक / Your Aadhaar No. :

9681 7609 1462

मेरा आधार, मेरी पहचान

भारत सरकार
Government of India

आधार



Issue Date : 02/02/2012

Rafina Khatoon Ajmat Ali Shaikh
DOB : 01/01/1985
Female

9681 7609 1462

मेरा आधार, मेरी पहचान

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