

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



Permanent Account Number (PAN)

E L Y P S 9 2 8 1 N

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: S H A I K H

First Name: R E S H M A

Middle Name: M O B I N A H M A D

Name you would like it printed on the PAN card

R E S H M A M O B I N A H M A D S H A I K H

☐ **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: S H A R K A

First Name: J A M I L

Middle Name: S H A R I F

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: 1 2 Month: 0 4 Year: 1 9 7 8

☐ **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 RAHMAT MASJID

Name of Premises/ Building/Village: CEN-776, MD. RAFI NAGAR PART

Road/Street/ Lane/Post Office: NO-2, AHILYA BAI HOLKAR MA

Area / Locality / Taluka / Sub- Division: RG GANDI SHIVAJI NAGAR

Town / City / District: MUMBAI

State / Union Territory: MAHARASHTRA Pincode / Zip code: 4 0 0 0 4 3 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: 9 8 2 1 6 3 3 1 6 5

Email ID: RK9820899484@GMAIL.COM

☐ **10 AADHAAR number (If allotted)** 5 9 9 3 9 5 2 0 9 2 4 2

Name as per AADHAAR letter/card: R E S H M A M O B I N A H M A D S H A I K H

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

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

12 Verification

I/We RESHMA MOBIN AHMAD 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 — 2 6 1 2 2 0 2 5

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



Issue Date: 28/07/2011

Reshma Mobin Ahmad Shaikh
जन्म तिथि / DOB: 12/04/1978
महिला / FEMALE
Mobile No.: 9594495841

5993 9520 9242
VID : 9140 9481 5867 8293

मेरा आधार, मेरी पहचान

आधार

भारतीय विशिष्ट पहचान प्राधिकरण

Download Date: 31/03/2023

Address:
W/O Mobin Ahmad Shaikh, near babe rahamat masjid, CEN-776,Md.rafi nagar part- 2,ahilya bai holkar marg,govandi, Shivaji Nagar S.O, Mumbai, Maharashtra - 400043

5993 9520 9242
VID : 9140 9481 5867 8293

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1800 300 1947

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P.O. Box No. 1947, Bengaluru-560 001


आयकर विभाग
INCOME TAX DEPARTMENT
भारत सरकार
GOVT. OF INDIA
स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
ELYPS9281N
नाम / Name
RESHMA MOBIN AHMAD SHAIKH
पिता का नाम / Father's Name
JAMIL SHARIF SHAIKH
जन्म की तारीख /
Date of Birth
12/04/1978
हस्ताक्षर / Signature
02052023

रशमा