

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



Permanent Account Number (PAN) TYAPS1026R

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

☐ Expanded name to be mentioned as appearing in proof of identity/address documents: initials are not permitted)

Sakina

Signature / Left thumb impression

Please select title, ☑ *as applicable* ☐ Shri ☐ Smt ☑ Kumari ☐ M/s

Last Name / Surname: SHAIKH
First Name: SAKINA
Middle Name: AFJAL

Name you would like it printed on the PAN card

SAKINA AFJAL 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: AFJAL
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: 2003

☐ **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.: BABE REHMAT MASJID
Name of Premises/ Building/Village: GAYAK MD. RAFIK NAGAR
Road/Street/ Lane/Post Office: PLOT 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: 8446513866
Email ID: RK98208994846@GMAIL.COM

☐ **10 AADHAAR number (if allotted)** 229975166235

Name as per AADHAAR letter/card: SAKINA AFJAL SHAIKH

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

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

12 Verification

I/We SAKINA AFJAL 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): 04102025

Sakina

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
Government of India

आधार



Aadhaar no. issued: 01/10/2011

Sakina Afjal Shaikh
Date of Birth/DOB: 01/01/2003
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).

2299 7516 6235

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

AADHAAR

Details as on: 21/07/2025

Address:
D/O Afjal Shaikh, babe rehmat masjid, gayak mo. rafik nagar plot no 2, GOVANDI, DIST: Mumbai, Maharashtra - 400043

2299 7516 6235
VID : 9192 3657 0149 2294

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

Sakina