

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



Permanent Account Number (PAN)

A M C P K 9 4 0 7 B

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: SHAHIDA

Middle Name: MOHD JAHUR

Name you would like it printed on the PAN card

SHAHIDA MOHD JAHUR 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: KHAN

First Name: MOHD

Middle Name: MUSTAFA

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: 16 Month: 06 Year: 1969

☐ **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.: ROOM NO-03 GALLI NO-10

Name of Premises/ Building/Village: SANJAY NAGAR PART NO-02-90

Road/Street/ Lane/Post Office: FEET, NEAR NIRANKARI APPA

Area / Locality / Taluka / Sub- Division: MANDIR, BAIGANWADI, GOVANDI

Town / City / District: SHIVAJI NAGAR 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: 9326835407

Email ID: RK9820899484@GMAIL.COM

☐ **10 AADHAAR number (if allotted)** 685782874002

Name as per AADHAAR letter/card: SHAHIDA MOHD JAHUR SHAIKH

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

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

12 Verification

I/We SHAHIDA MOHD JAHUR 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): 05 10 2025

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



Shahida Mohd Jahur Shaikh
Date of Birth/DOB: 16/06/1969
Female/ FEMALE
Mobile No: 9326835407

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).

Aadhaar no. issued: 05/12/2011

6857 8287 4002

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

AADHAAR

Address:
C/O: Mohd Jahur Shaikh, Room No-03 Galli No-10, Sanjay Nagar Part -02 90 Feet, Near Nirankari Appa Mandir, Baiganwadi Govandi, Mumbai, PO: Shivaji Nagar, DIST: Mumbai Suburban, Maharashtra - 400043

Details as on: 24/06/2025

6857 8287 4002
VID : 9139 0381 9901 6396

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आधीन।