

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



Permanent Account Number (PAN)

H D A P S 8 8 0 6 Q

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

तकदीरुन

तकदीरुन

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: T A K D U R I N N I S A

Middle Name: M O H A M M E D U M A R

Name you would like it printed on the PAN card

T A K D U R I N N I S A M O H A M M E D U M A R 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 I K H

First Name: M E H A N I H A S A N

Middle Name: Z I B U L

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: 0 5 Month: 1 2 Year: 1 9 7 6

☐ **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.: B A B E R E H M A T M A S J I D

Name of Premises/ Building/Village: R A F I Q N A G A R Z O P A D P A T T I

Road/Street/ Lane/Post Office: G O V A N D I

Area / Locality / Taluka / Sub- Division: S H I V A J I N A G A R

Town / City / District: M U M B A I

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: + 9 1

Area/STD Code:

Telephone / Mobile number: 8 4 5 2 8 1 9 4 9 7

Email ID: RK9820899484@GMAIL.COM

☐ **10 AADHAAR number (if allotted)** 4 0 2 0 8 8 5 6 0 3 5 5

Name as per AADHAAR letter/card

T A K D U R I N N I S A M O H A M M E D U M A

R 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 TAKDURINNISA MOHAMMED UMAR 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.**

तकदीरुन

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

Place MUMBAI

Date D D M M Y Y Y Y: 1 1 0 6 2 0 2 5

सत्यमेव जयते
भारत सरकार

आधार

भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

Enrolment No.: 2821/27152/01719

To
Takdurinnisa Mohammed Umar Shaikh
W/O Mohammed Umar Shaikh
babe rehmat masjid
rafiq nagar zopadpatti govandi
Shivaji Nagar S.O
Mumbai Maharashtra - 400043
8452819497

Signature Not Verified
Digitally signed by UIDAI
UNIQUE IDENTIFICATION AUTHORITY OF INDIA 04
Date: 2022.03.08 17:01:18 UTC

आपका आधार क्रमांक / Your Aadhaar No. :

4020 8856 0355

VID : 9159 9160 0594 7002

मेरा आधार, मेरी पहचान

भारत सरकार
Government of India

आधार



Takdurinnisa Mohammed Umar Shaikh
Date of Birth/DOB: 05/12/1976
Female/ FEMALE

Issue Date: 07/08/2011

4020 8856 0355

VID : 9159 9160 0594 7002

मेरा आधार, मेरी पहचान

तकदिरुन