



FORM NO. 93

[See rule 158]

Application for Allotment of Permanent Account Number
[For an Individual being a Citizen of India]



Sr. No.

PART A - Personal Information

1. A. Name

First Name

Middle Name

Last Name

A S H W A T H A M M A

B. Name (as per Aadhaar)

A S H W A T H A M M A

2. Gender (select one)

☐ Tick

Male

☒ Tick

Female

☐ Tick

Transgender

3. Date of Birth

0 1

0 1

1 9 5 3

4. Aadhaar Number

4 1 7 4 1 4 9 6 3 9 3 7

5. Residence Address

Flat/Door/Building

Road/Street/Block/Sector

Post Office

Area/Locality/Town/City

District

C / O N A R A S A I A H

H O N N A P P A N A H A L L I , V A R A V A N

C H I K K A B A L L A P U R

C H I K K A B A L L A P U R

State/Union Territory KARNATAKA

Country/Region I N D I A

PIN / ZIP CODE 5 6 1 2 1 1

6. Office Address

Flat/Door/Building

Road/Street/Block/Sector

Post Office

Area/Locality/Town/City

District

State/Union Territory

Country/Region

PIN / ZIP CODE

7. Residential Status (select one as applicable)

☒ Tick

Resident

☐ Tick

Non Resident

☐ Tick

Resident but Not ordinarily Resident

8. Passport Number (mandatory for (i) Non Resident (ii) Resident but not ordinarily resident)

9. Taxpayer Identification Number (TIN) in the Country of Residence (if any)

10. Contact Details

(i) Mobile Number

Country Code

9 1

Mobile Number

9 9 7 2 4 7 8 4 0 9

(ii) Email ID

chakravarthi1307@gmail.com

(iii) Landline No. with STD Code (if any) STD Code

Landline Number

PART B- Source of Income

11. Source of Income
(select one or more)

☐ Tick

Salary

☐ Tick

Income from Business/Profession

☐ Tick

Income from House Property

☐ Tick

Capital Gains

☒ Tick

Income from Other Sources

☐ Tick

No Income

PART C - Details of Parents

12. Whether mother/father is a single parent? (select one)

☐ Tick

Yes

☒ Tick

No

13. Father's First Name

Father's Middle Name

Father's Last Name

N A R A S A I A H

15. Name of parent to be printed on Permanent Account Number card (select one) ☒ Father ☐ Mother

16. Assessing Officer (AO Code)	(i) Area Code	K	A	R	(ii) AO Type	W	
	(iii) Range Code	1	2	8	(iv) AO No.	9	4

[illegible]

19. Aadhaar Number (*if Permanent Account Number is not available*)

[illegible][illegible]

22. Address for Communication (select one) ☒ Residence Address ☐ Representative Assessee Address ☐ Office Address

☒ (i) Proof of Identity ☒ (ii) Proof of Address ☒ (iii) Proof of Date of Birth

☐ (i) Proof of Identity ☐ (ii) Proof of Address

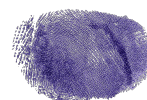
SELF

a. I, _____, in the capacity of _____ (Self/ Representative Assessee) do hereby declare that what is stated above is true to the best of my knowledge and belief.

b. I declare that the applicant does not possess Permanent Account Number and shall be liable for legal consequences under Income-Tax Act, 2025 if this declaration is found to be incorrect

Place, CHIKKABALLAPUR

Date...08/07/2026



(Signature /Left Hand Thumb Impression of Applicant or Representative
Assessee)

Name: ASHWATHAMMA

Designation: **AUTHORIZED PERSON**



ಭಾರತ ಸರ್ಕಾರ
Government of India



ಅಶ್ವತ್ಥಮ್ಮ
Ashwathamma
ಜನ ದಿನಾಂಕ/DOB: 01/01/1953
ಸ್ತ್ರೀ/FEMALE

4174 1496 3937

VID : 9194 5022 7457 3422

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

Issue Date: 01/09/2015



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ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

Unique Identification Authority of India

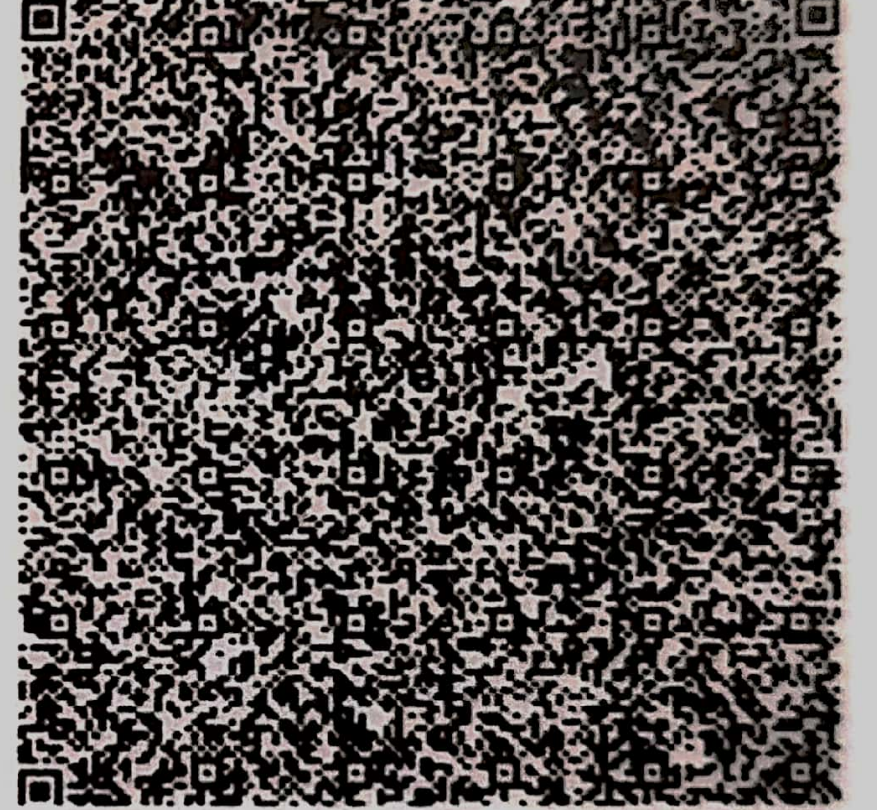


ವಿಳಾಸ:

ಪತಿಯ ಹೆಸರು: ಹೆಚ್ ಎನ್ ನಾಗರಾಜಪ್ಪ, ಹೊನ್ನಪ್ಪನಹಳ್ಳಿ,
ವರವಾಣಿ, ಚಿಕ್ಕಬಳ್ಳಾಪುರ,
ಕರ್ನಾಟಕ - 561211

Address:

W/O: H N Nagarajappa, Honnappanahalli,
Varavani, Chikkaballapur,
Karnataka - 561211



4174 1496 3937

VID : 9194 5022 7457 3422



1947



help@uidai.gov.in



www.uidai.gov.in



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Name/ ಹೆಸರು

Ashwathamma

ಅಶ್ವತ್ಥಮ್ಮ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

91-7525-0546-6330

Abha Address/ ಅಭಾ ವಿಳಾಸ

ashwathamma_19.53@abdm



Gender/ ಲಿಂಗ
Female / ಹೆಣ್ಣು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ
01-01-1953

Mobile/ ಮೊಬೈಲ್
7411416681

Instructions

Toll-Free Number: 1800 114 477

- With this ABHA you have become a part of India's digital health ecosystem.
इस आभा के साथ आप भारत के डिजिटल हेल्थ इकोसिस्टम का हिस्सा बन गए हैं।
- ABHA provides you a unique identification and helps in storing - safekeeping all your digital health records at one place.
आभा आपको एक विशिष्ट पहचान प्रदान करता है और आपके सभी डिजिटल स्वास्थ्य रिकॉर्ड को सुरक्षित एक ही स्थान पर संग्रहीत रखने में मदद करता है।
- You can download the ABHA mobile app, Aarogya Setu or other ABDM enabled app to view and share your digital health records with ABDM registered healthcare service providers.
आप एबीडीएम पंजीकृत स्वास्थ्य सेवा प्रदाताओं के साथ अपने डिजिटल स्वास्थ्य रिकॉर्ड देखने और साझा करने के लिए आभा मोबाइल ऐप, आरोग्य सेतु या अन्य एबीडीएम सक्षम ऐप डाउनलोड कर सकते हैं।
- If this card is lost kindly download it from www.abha.abdm.gov.in, it is digitally acceptable.
यदि यह कार्ड खो जाता है तो कृपया इसे www.abha.abdm.gov.in से डाउनलोड करें, यह डिजिटल रूप से स्वीकार्य है।