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	KASIM
Middle Name	
Last Name	BEE

B. Name *(as per Aadhaar)*

KASIM BEE

2. Gender *(select one)* — Tick Male | Tick ✓ Female | Tick Transgender

3. Date of Birth 01 01 1955

4. Aadhaar Number 677831619068

5. Residence Address

Flat/Door/Building	W/O DASTAGIRI SAB
Road/Street/Block/Sector	WARD NO 6, NEAR UDEDA LA
Post Office	
Area/Locality/Town/City	SANGANAKALL
District	BALLARI
State/Union Territory	KARNATAKA
Country/Region	INDIA
PIN / ZIP CODE	583103

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)* — ✓ 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	91	Mobile Number	6360581689
(ii) Email ID	gramaonesanganakallu01@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 | ✓ Income from Other Sources | Tick No Income

PART C - Details of Parents

12. Whether mother/father is a single parent? *(select one)* — Tick Yes | ✓ No

13. Father's First Name	MOHAMMAD
Father's Middle Name	
Father's Last Name	SAB

14. Mother's First Name	
Mother's Middle Name	
Mother's Last Name	S I L A R B U

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

PART D - Assessing Officer (AO Code)

16. Assessing Officer (AO Code)

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

PART E- Representative Assessee, if applicable

17. RA's First Name	
RA's Middle Name	
RA's Last Name	

18. Permanent Account Number *(if any)*

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

20. Representative Assessee Address

Flat/Door/Building
Road/Street/Block/Sector
Post Office
Area/Locality/Town/City
District
State/Union Territory | Country/Region | PIN / ZIP CODE

21. Contact Details

(i) Mobile Number — Country Code | Mobile Number
(ii) Email ID
(iii) Landline No. with STD Code (*if any*) — STD Code | Landline Number

Part F: Communication Address

22. Address for Communication *(select one)* ☑ Residence Address ☐ Tick Representative Assessee Address ☐ Tick Office Address

Part G: Declaration by Applicant or by Representative Assessee on behalf of the Applicant

23. Documents submitted as Proof of Identity, Proof of Address and Proof of Date of Birth of the Applicant

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

24. Documents submitted as Proof of Identity, Proof of Address of Representative Assessee

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

Verification & Declaration

a. I, KASIM BEE……., in the capacity of ….SELF……..(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. BALLARI

Date.. 10/07/2026

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

Name: KASIM BEE

Designation: AUTHORIZED PERSON

आधार
ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತಿನ ಪ್ರಾಧಿಕಾರ
ಭಾರತ ಸರಕಾರ
Unique Identification Authority of India
Government of India
ನೋಂದಾವಣಿ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No.: 1190/11939/18105
To
ಕಾಸಿಂ ಬೀ
Kasim Bee
W/O Dastagiri Sab
Ward No 6
Near Udeda lakshmam Temple Sanganakal
Sanganakal Bellary
Karnataka 583103
9844357204
27/03/2012
UG1851623581N
ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :
6778 3161 9068
ಆಧಾರ್ – ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ
ಭಾರತ ಸರಕಾರ
GOVERNMENT OF INDIA
ಕಾಸಿಂ ಬೀ
Kasim Bee
ಹುಟ್ಟಿದ ವರ್ಷ / Year of Birth : 1955
ಸ್ತ್ರೀ / Female
6778 3161 9068
ಆಧಾರ್ – ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ

Government of India

AADHAAR

ಮಾಹಿತಿ

- ಆಧಾರ್ ಏನ್ನುವುದು ಗುರುತಿನ ಪುರಾವೆಯಾಗಿದೆ, ಪೌರತ್ವಕ್ಕಾಗಿ ಅಲ್ಲ.
- ಗುರುತಿನ ಪುರಾವೆಯನ್ನು ಆನ್‌ಲೈನ್ ದೃಢೀಕರಿಸುವ ಮೂಲಕ ಪಡೆಯಬಹುದಾಗಿದೆ.

INFORMATION

- Aadhaar is proof of identity, not of citizenship.
- To establish identity, authenticate online.

- ಆಧಾರ್ ದೇಶದಾದ್ಯಂತ ಮಾನ್ಯತೆಯನ್ನು ಪಡೆದಿದೆ.
- ಭವಿಷ್ಯದಲ್ಲಿ ಸರಕಾರಿ ಮತ್ತು ಸರಕಾರೇತರ ಸೇವೆಗಳನ್ನು ಪಡೆಯುವುದಕ್ಕಾಗಿ ಆಧಾರ್ ನಿಮಗೆ ಸಹಾಯವಾಗಬಹುದು.
- Aadhaar is valid throughout the country.
- Aadhaar will be helpful in availing Government and Non-Government services in future.

18516235

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತಿನ ಪ್ರಾಧಿಕಾರ
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

ವಿಳಾಸ:
W/O ದ್ಯಾಗಿ ಸಾಬ್, ವಾರ್ಡ್ ನಂಬ್ರ 6, ಉದೆದ ಲಕ್ಷ್ಮಮ ದೇವಸ್ಥಾನದ ಹತ್ತಿರ, ಸಂಗನಕಲ್, ಸಂಗನಕಲ್, ಬಳ್ಳಾರಿ, ಕರ್ನಾಟಕ, 583103

Address:
W/O Dastagiri Sab, Ward No 6, Near Udeda lakshmam Temple, Sanganakal, Sanganakal, Bellary, Karnataka, 583103

1947
1800 180 1947

help@uidai.gov.in

www.uidai.gov.in

P.O. Box 1947, Bangalore-560001

national health authority

Ayushman Bharat Health Account (ABHA)
आयुष्मान भारत स्वास्थ्य खाता (आभा)

Name/ಹೆಸರು
Kasim Bee
ಕಾಸಿಂ ಬೀ

ABHA number/ಅಭಾ ಸಂಖ್ಯೆ
91-3654-1740-1822

ABHA address/ಅಭಾ ವಿಳಾಸ
91365417401822@abdm

Gender/ಲಿಂಗ	Date of birth/ಹುಟ್ಟಿದ ದಿನಾಂಕ	Mobile/ಮೊಬೈಲ್
Female/ಹೆಣ್ಣು	01-01-1955	6360581689

national health authority

Ayushman Bharat Health Account (ABHA)
आयुष्मान भारत स्वास्थ्य खाता (आभा)

Instructions

Toll- Free Number: 1800114477

- 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।