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	HUSENBASHASAB
Middle Name	
Last Name	VADAGERI

B. Name *(as per Aadhaar)*

HUSENBASHASAB VADAGERI

2. Gender *(select one)* ☑ Male ☐ Female ☐ Transgender

3. Date of Birth 01 01 1983

4. Aadhaar Number 280566425915

5. Residence Address

Flat/Door/Building	#451 YARAGUDI ONI LAKKU
Road/Street/Block/Sector	LAKKUNDI SHIRTHATI
Post Office	06
Area/Locality/Town/City	LAKKUNDI
District	GADAG
State/Union Territory	KARNATAKA
Country/Region	INDIA
PIN / ZIP CODE	582115

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 ☐ Non Resident ☐ 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	9880145992
(ii) Email ID	g1.lakkundiopr17427@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)*

☐ Salary ☐ Income from Business/Profession ☐ Income from House Property
☐ Capital Gains ☑ Income from Other Sources ☐ No Income

PART C - Details of Parents

12. Whether mother/father is a single parent? *(select one)* ☐ Yes ☑ No

13. Father's First Name	JEEVANASAB
Father's Middle Name	
Father's Last Name	VADAGERI

14.	**Mother's First Name**	J A I T U N A B I
	Mother's Middle Name	
	Mother's Last Name	V A D A G E R I

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 1 1
(iv) AO No.: 1 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

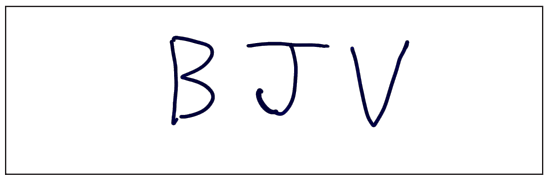
Verification & Declaration

a. I, HUSENBASHASAB VADAGERI, 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. GADAG

Date. 11/07/2026



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

Name: HUSENBASHASAB VADAGERI

Designation: AUTHORIZED PERSON

ಭಾರತ ಸರ್ಕಾರ

Government of India

ನೋಂದಾವಣಿ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No 0129/10955/02801

To,
ಹುಸೇನಬಾಷಾಸಾಬ ವಡಗೇರಿ
Husenbashasab Vadageri
S/O: Jeevanasab
451 yaragudi oni lakkundi
Lakkundi
Lakkundi Shirhatti Gadag
Karnataka 582115
9880145992

07/10/2015

Ref: 44913 / 09J / 5616990 / 5617031 / P

SE965441681FT

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

2805 6642 5915

- ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಹುಸೇನಬಾಷಾಸಾಬ ವಡಗೇರಿ
Husenbashasab Vadageri
ಜನ್ಮ ದಿನಾಂಕ / DOB : 01/01/1983
ಪುರುಷ / Male

2805 6642 5915

- ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ

Government of India

ಗುರುತಿನ ಪುರಾವೆಯೇ ಹೊರತು ಪೌರತ್ವದ್ದಲ್ಲ .
ನಿಮ್ಮ ಗುರುತನ್ನು ಸಾಬೀತುಪಡಿಸಲು, ಆನ್ ಲೈನ್ ಮೂಲಕ ದೃಢೀಕರಿಸಿ .

INFORMATION

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

09J / 5616990

ದೇಶದಾದ್ಯಂತ ಮಾನ್ಯತೆಯನ್ನು ಪಡೆದಿದೆ .
ಭವಿಷ್ಯದಲ್ಲಿ, ಸರ್ಕಾರಿ ಹಾಗೂ ಸರ್ಕಾರೇತರ ಸೇವೆಗಳನ್ನು ಪಡೆಯಲು ಆಧಾರ್ ನಿಮಗೆ ಸಹಾಯಕವಾಗಲಿದೆ .

- Aadhaar is valid throughout the country .
- Aadhaar will be helpful in availing Government and Non-Government services in future .

Unique Identification Authority of India

ವಿಳಾಸ: ತಂದೆ / ತಾಯಿಯ ಹೆಸರು, ಜೀವನಸಾಬ, # 451 ಯರಗುಡಿ ಓನಿ, ಲಕ್ಕುಂಡಿ, ಲಕ್ಕುಂಡಿ, ಗದಗ, ಲಕ್ಕುಂಡಿ, ಕರ್ನಾಟಕ, 582115

Address: S/O: Jeevanasab, # 451 yaragudi oni, lakkundi, Lakkundi, Gadag, Lakkundi, Karnataka, 582115

2805 6642 5915

1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

national health authority

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

Name/ ಹೆಸರು
Husenbashasab Vadageri
ಹುಸೇನಬಾಷಾಸಾಬ ವಡಗೇರಿ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ
91-5124-5487-7501

Abha Address/ ಅಭಾ ವಿಳಾಸ
husenbashasab@abdm

Gender/ ಲಿಂಗ	Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ	Mobile/ ಮೊಬೈಲ್
Male / ಗಂಡು	01-01-1983	9880145992

national health authority

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

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।