



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

B A N G A L I

Middle Name

Last Name

E R E S H I

B. Name (as per Aadhaar)

B E R E S H I

2. Gender (select one)



Male



Female



Transgender

3. Date of Birth

0

1

0

1

1

9

8

1

4. Aadhaar Number

2

3

9

5

0

4

3

2

3

1

5

1

5. Residence Address

Flat/Door/Building

W A R D N U M B E R

4

Road/Street/Block/Sector

N E A R T H I M M A P P A

T E M P L E

Post Office

K . B E L A G A L

Area/Locality/Town/City

K E M B A G A R E B A L G A L

District

B A L L A R I

State/Union Territory

K A R N A T A K A

Country/Region

I N D I A

PIN / ZIP CODE

5

8

3

1

2

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)



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

9

1

Mobile Number

9

3

8

0

9

2

5

4

4

8

(ii) Email ID

shivararaj18@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

Father's Middle Name

Father's Last Name

L I N G A Y Y A

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	4	2	1	(iv) AO No.	9	1

18. Permanent Account Number (if any)								
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[illegible]

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

[illegible]

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

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

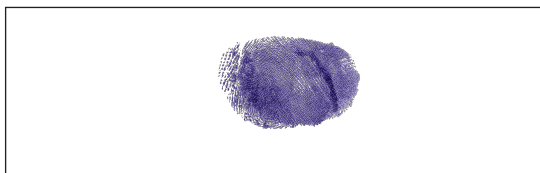
SELF

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: BALLARI

Date..13/07/2026



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

Name: B ERESHI

Designation: **AUTHORIZED PERSON**

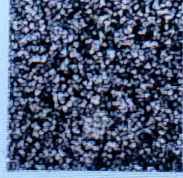


ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ / Enrolment No.: S138/16336/40890

To
ಶ್ರೀ ಶರಣ
B Eredla
S/O: B Linganna,
Ward Number 4,
Near Thimmasappa Temple,
VTC, Kanchagarabellagol,
PO: K.Bellagol,
Sub District: Singappu,
District: Bellary,
State: Karnataka,
PIN Code: 583121
Mobile: 9580925448



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :
2395 0432 3151
VID : 9184 3556 2752 7526

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India

ಶ್ರೀ ಶರಣ
B Eredla
ಜನ್ಮ ದಿನಾಂಕ (DOB): 01/01/1981
ಪುರುಷ / MALE



Aadhaar No. (Barcode): 0713/2013

ಆಧಾರ್ ನಂಬರ್ ಅಧಾರ್‌ನೊಂದಿಗೆ ಅನ್ವಯಿಸುತ್ತದೆ ಮತ್ತು ದೃಢೀಕರಣದ ಮೂಲಕ ಮಾತ್ರ ಮಾನ್ಯತೆ ಪಡೆಯಬೇಕು ಎಂದು ನೋಡಬೇಕು / Aadhaar is a proof of identity, not of citizenship or date of birth. Aadhaar is valid only with verification (online or offline) and is not valid for any other purpose.

2395 0432 3151

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



Name/ ಹೆಸರು

B Eresha

ಬಿ ಈರೇಶ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

91-1811-6214-3083

Abha Address/ ಅಭಾ ವಿಳಾಸ

vireshi999@abdm



Gender/ ಲಿಂಗ
Male / ಗಂಡು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ
01-01-1981

Mobile/ ಮೊಬೈಲ್
9380925448

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।