# 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 | NAGAMMA |

**B. Name** *(as per Aadhaar)*

NAGAMMA

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

**3. Date of Birth** 01 01 1994

**4. Aadhaar Number** 355004520801

**5. Residence Address**

| | |
|---|---|
| Flat/Door/Building | #02 PADA SIDDESHWARA GUD |
| Road/Street/Block/Sector | KADAMGERA (B) |
| Post Office | KADAMGERA (B) |
| Area/Locality/Town/City | KADANGEERA B |
| District | YADGIR |
| State/Union Territory | KARNATAKA |
| Country/Region | INDIA |
| PIN / ZIP CODE | 585319 |

**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 | 91 | Mobile Number | 8861246305 |
| (ii) Email ID | venkynyadav2000@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 | AMALAPPA |

| | |
|---|---|
| **14. Mother's First Name** | |
| Mother's Middle Name | |
| Mother's Last Name | G U N D A M M A |

**15. Name of parent to be printed on Permanent Account Number card** *(select one)* ☑ Father ☐ 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.: 5

## 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 ☐ Representative Assessee Address ☐ 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**

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

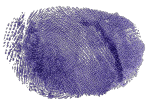
### *Verification & Declaration*

a. I, NAGAMMA……., 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. YADGIR

Date. 14/07/2026



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

Name: NAGAMMA

Designation: AUTHORIZED PERSON

आधार

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ

Unique Identification Authority of India

Government of India

ನೋಂದಾವಣಿ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No.: 0821/91812/88444

To
ನಾಗಮ್ಮ
Nagamma
C/O Sanna Hanamanta
#02 Pada Siddeshwara Gudi Hattira
Kadamgera (B)
Kadamgera
Shahpur Yadgir
Karnataka 585319
8861246305

28/11/2013

1540180128

ME540180128FH

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

**3550 0452 0801**

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ಭಾರತ ಸರ್ಕಾರ

Government of India

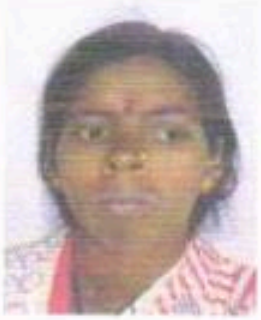
ನಾಗಮ್ಮ
Nagamma
ಜನ್ಮ ದಿನಾಂಕ / DOB : 01/01/1994
ಸ್ತ್ರೀ / Female

**3550 0452 0801**

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

national health authority

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



Name/ಹೆಸರು
**Nagamma**
**ನಾಗಮ್ಮ**

ABHA number/ಅಭಾ ಸಂಖ್ಯೆ
**91-2018-2822-3150**

ABHA address/ಅಭಾ ವಿಳಾಸ
**91201828223150@abdm**

Gender/ಲಿಂಗ
**Female/ಹೆಣ್ಣು**

Date of birth/ಹುಟ್ಟಿದ ದಿನಾಂಕ
**01-01-1994**

Mobile/ಮೊಬೈಲ್
**8861246305**

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 है।
- 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।