# 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 | BASAVARAJA |

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

BASAVARAJA

**2. Gender** *(select one)* — [✓] Male [ ] Female [ ] Transgender

**3. Date of Birth** — 01 01 1973

**4. Aadhaar Number** — 321316900019

**5. Residence Address**

| | |
|---|---|
| Flat/Door/Building | HOUSE NO 00 |
| Road/Street/Block/Sector | NEAR OLD SCHOOL |
| Post Office | BAGEWADI |
| Area/Locality/Town/City | GAJJINAHAL |
| District | BALLARI |
| State/Union Territory | KARNATAKA |
| Country/Region | INDIA |
| PIN / ZIP CODE | 583121 |

**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 | 9611435837 |
| (ii) Email ID | gayathridevid1996@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 | TIPPAMMA |

| | |
|---|---|
| **14. Mother's First Name** | |
| Mother's Middle Name | |
| Mother's Last Name | T I P P A M M A |

**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)* ☐ Tick 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**

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

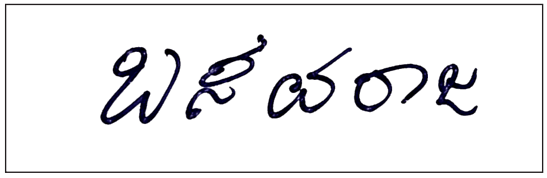
### *Verification & Declaration*

a. I, BASAVARAJA……., 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.. 14/07/2026



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

Name: BASAVARAJA

Designation: AUTHORIZED PERSON

भारत सरकार

आधार

# ಭಾರತ ಸರ್ಕಾರ
# Government of India

## ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
## Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 0707/03115/02519

To
ಬಸವರಾಜ
Basavaraja
S/O: Tippamma,
near Old scxhool,
VTC: Gajiginahal,
PO: Bagewadi,
Sub District: Siruguppa,
District: Bellary,
State: Karnataka,
PIN Code: 583121,
Mobile: 9611435837

Signature valid

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

**3213 1690 0019**

**VID : 9154 4616 3153 7228**

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

---

ಭಾರತ ಸರ್ಕಾರ
Government of India

Aadhaar no. issued: 30/12/2013

ಬಸವರಾಜ
Basavaraja
ಜನ್ಮ ದಿನಾಂಕ/DOB: 01/01/1973
ಪುರುಷ/ MALE

ಆಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯಾಗಿದೆ, ಪೌರತ್ವ ಅಥವಾ ಜನ್ಮ ದಿನಾಂಕದ ಪುರಾವೆ ಅಲ್ಲ. ಇದನ್ನು ಆನ್‌ಲೈನ್ ದೃಢೀಕರಣ ಅಥವಾ QR ಕೋಡ್ / ಆಫ್‌ಲೈನ್ XML ಸ್ಕ್ಯಾನಿಂಗ್‌ನೊಂದಿಗೆ ಮಾತ್ರ ಬಳಸಬೇಕು

**Aadhaar is proof of identity, not of citizenship or date of birth.** It should be used only with verification (online authentication or scanning of QR code / offline XML)

**3213 1690 0019**

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

national health authority
सत्यमेव जयते

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

Name/ ಹೆಸರು
**Basavaraja**
**ಬಸವರಾಜ**

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ
**91-1152-6636-1217**

Abha Address/ ಅಭಾ ವಿಳಾಸ
**91115266361217@abdm**

Gender/ ಲಿಂಗ
**Male / ಗಂಡು**

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ
**01-01-1973**

Mobile/ ಮೊಬೈಲ್
**9611435837**

national health authority
सत्यमेव जयते

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।