



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 G E W A D I

Middle Name

E L L U R

S A I

Last Name

N I H A S

B. Name (as per Aadhaar)

B E S A I N I H A S

2. Gender (select one)



Male



Female



Transgender

3. Date of Birth

2

5

0

4

2

0

0

5

4. Aadhaar Number

8

7

1

9

1

5

7

1

4

9

9

7

5. Residence Address

Flat/Door/Building

S R E E R A M A K R I S H N A N I L A Y A

Road/Street/Block/Sector

B E L L A R Y R O A D , N E A R 6 T H W

Post Office

S I R U G U P P A

Area/Locality/Town/City

S I R U G U P P A

District

B A L L A R I

State/Union Territory

KARNATAKA

Country/Region

INDIA

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

4

4

9

6

8

6

8

1

0

(ii) Email ID

MANJUSGP2025@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

B A G E W A D I

Father's Middle Name

E L L U R

Father's Last Name

B H E E M E S H

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

[illegible]

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

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

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B E SAI NIHAS

a. I,, 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.. **23/07/2026**

B. E. 5m

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

Name: **B E SAI NIHAS**

Designation: **AUTHORIZED PERSON**



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ

Unique Identification Authority of India
Government of India

ಸೇವಾಸಂಖ್ಯೆ / Enrollment No.: 1189/29071/53472

To
ಶಿ.ಎ.ಸಾಯಿ ನಿಲಯ
B.E.Sai Nihay
S/O: B.E.Bheemesh
Sree Ramakrishna Nilaya Bellary Road
Near 6th Ward School
Siruguppe
Siruguppe
Siruguppe Bellary
Karnataka 583121
9449668910

15/11/2013
182110057



MN821100575FT



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

8719 1571 4997

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



ಭಾರತ ಸರ್ಕಾರ

Government of India



ಶಿ.ಎ.ಸಾಯಿ ನಿಲಯ
B.E.Sai Nihay
ಜನ್ಮ ದಿನಾಂಕ / DOB : 25/04/2005
ಪುರುಷ / Male



8719 1571 4997

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



ಮಾಹಿತಿ

- ಆಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯೇ ಹೊರತು ಪೌರತ್ವದಲ್ಲ .
- ನಿಮ್ಮ ಗುರುತನ್ನು ಸಾಬೀತುಪಡಿಸಲು, ಆನ್ ಲೈನ್ ಮೂಲಕ ದೃಢೀಕರಿಸಿ .

ಸೂಚನೆ: 15 ವರ್ಷಗಳ ವಯಸ್ಸನ್ನು ತೊಂದಿದ ನಂತರ ಮಕ್ಕಳು ಮತ್ತೊಮ್ಮೆ ತಮ್ಮ ಬಯೋಮೆಟ್ರಿಕ್ ಮಾಹಿತಿಗಳನ್ನು ಅಪ್ಡೇಟ್ ಮಾಡತಕ್ಕದ್ದು .

INFORMATION

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

Note : Children on attaining 15 years of age need to update biometric information.

- ಆಧಾರ್ 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 .



ವಿಳಾಸ:
S/O: B.E.Bheemesh, Sree
Ramakrishna Nilaya, Bellary
Road, Near 6th Ward School,
Siruguppa, Siruguppa, Bellary,
Karnataka, 583121

ಹಾರಣೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

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8719 1571 4997

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

B.E.Sai Nihasa

ಬಿ.ಇ.ಸಾಯಿ ನಿಹಾಸ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

91-1061-5438-3181

Abha Address/ ಅಭಾ ವಿಳಾಸ

nihasesai200525@abdm



Gender/ ಲಿಂಗ

Male / ಗಂಡು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ

25-04-2005

Mobile/ ಮೊಬೈಲ್

8095470961



**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।