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	BAGEWADI
Middle Name	ELLUR SAI
Last Name	NIHAS

B. Name *(as per Aadhaar)*

BE SAI NIHAS

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

3. Date of Birth — 25 04 2005

4. Aadhaar Number — 871915714997

5. Residence Address

Flat/Door/Building	SREE RAMAKRISHNA NILAYA
Road/Street/Block/Sector	BELLARY ROAD, NEAR 6TH W
Post Office	SIRUGUPPA
Area/Locality/Town/City	SIRUGUPPA
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: 9449686810

(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	BAGEWADI
Father's Middle Name	ELLUR
Father's Last Name	BHEEMESH

14. Mother's First Name	
Mother's Middle Name	
Mother's Last Name	B H A V A N I

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.: 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)* ☑ 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, B E SAI NIHAS, 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

(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

ನೋಂದಾವಣಿ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No.: 1189/29071/53472

To
ಬಿ.ಇ.ಸಾಯಿ ನಿಹಾಸ್
B.E.Sai Nihas
S/O: B.E.Bheemesh
Sree Ramakrishna Nilaya Bellary Road
Near 6th Ward School
Siruguppa
Siruguppa
Siruguppa Bellary
Karnataka 583121
9449688910

15/11/2013

821100575

MN821100575FT

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

8719 1571 4997

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ

Government of India

ಬಿ.ಇ.ಸಾಯಿ ನಿಹಾಸ್
B.E.Sai Nihas
ಜನ್ಮ ದಿನಾಂಕ / DOB : 25/04/2005
ಪುರುಷ / Male

8719 1571 4997

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ

Government of India

AADHAAR

ಮಾಹಿತಿ

- ಆಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯೇ ಹೊರತು ಪೌರತ್ವದ್ದಲ್ಲ .
- ನಿಮ್ಮ ಗುರುತನ್ನು ಸಾಬೀತುಪಡಿಸಲು, ಅನ್ ಲೈನ್ ಮೂಲಕ ದೃಢೀಕರಿಸಿ .

ಸೂಚನೆ: 15 ವರ್ಷಗಳ ವಯಸ್ಸನ್ನು ಹೊಂದಿದ 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 .

ಆಧಾರ್

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

Unique Identification Authority of India

ವಿಳಾಸ:
ಸ/ಆ: ಬಿ.ಇ.ಭೀಮೇಶ್, ಶ್ರೀ ರಾಮಕೃಷ್ಣ ನಿಲಯ, ಬಳ್ಳಾರಿ ರಸ್ತೆ, ಆರೇ ವಾರ್ಡ್ ಶಾಲೆಯ ಹತ್ತಿರ, ಸಿದುಪ್ಪ, ಸಿದುಪ್ಪ, ಬಳ್ಳಾರಿ, ಕರ್ನಾಟಕ, 583121

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

8719 1571 4997

1947
1800 300 1947

help@uidai.gov.in

www
www.uidai.gov.in

national health authority
सत्यमेव जयते

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

Name/ ಹೆಸರು

B.E.Sai Nihas

ಬಿ.ಇ.ಸಾಯಿ ನಿಹಾಸ್

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

91-1061-5438-3181

Abha Address/ ಅಭಾ ವಿಳಾಸ

nihasbesai200525@abdm

Gender/ ಲಿಂಗ
Male / ಗಂಡು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ
25-04-2005

Mobile/ ಮೊಬೈಲ್
8095470961

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।