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	LAMBANI
Middle Name	ARUN
Last Name	KUMAR

B. Name *(as per Aadhaar)*

LARUN KUMAR

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

3. Date of Birth — 13/12/2013

4. Aadhaar Number — 842776868185

5. Residence Address

Flat/Door/Building	C/O LVENKATESHA NAIK
Road/Street/Block/Sector	SEVALAL STREET, KTANDA
Post Office	KENCHANAGUDDA
Area/Locality/Town/City	KENCHANAGUDDA
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	9945594435
(ii) Email ID	manuforever.honey143@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	LAMBANI
Father's Middle Name	VENKATESHA
Father's Last Name	NAIK

14.	**Mother's First Name**	
	Mother's Middle Name	
	Mother's Last Name	S H A N T H 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**	L A M B A N I
	RA's Middle Name	V E N K A T E S H A
	RA's Last Name	N A I K

18. **Permanent Account Number** *(if any)*

19. **Aadhaar Number** (*if Permanent Account Number is not available*) 5 4 6 6 6 4 4 1 4 7 9 1

20. **Representative Assessee Address**

Flat/Door/Building	C / O L V E N K A T E S H A N A I K
Road/Street/Block/Sector	S E V A L A L S T R E E T , K T A N D A
Post Office	K E N C H A N A G U D D A
Area/Locality/Town/City	K E N C H A N A G U D D 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

21. **Contact Details**

(i) Mobile Number Country Code: 9 1 Mobile Number: 9 9 4 5 5 9 4 4 3 5
(ii) Email ID: manuforever.honey143@gmail.com
(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 ☑ 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**

☑ (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, L ARUN KUMAR, in the capacity of REPRESENTATIVE ASSESSEE (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. 24/07/2026

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

Name: L ARUN KUMAR

Designation: REPRESENTATIVE ASSESSEE

भारत सरकार

आधार

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ / Enrollment No.: 0821/90939/01553

To
ಎಲ್ ಅರುಣ ಕುಮಾರ್
L Arun Kumar
S/O: L Venkatesha Naik,
#1/221,
Sevalal street, k Tanda,
VTC: Kenchanagudda,
PO: Kenchanagudda,
Sub District: Siruguppa, District: Bellary,
State: Karnataka,
PIN Code: 583121,
Mobile: 9945594435

540156574

MK540156574FE

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

8427 7686 8185

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಆಧಾರ್

Aadhaar no. Issued: 25/07/2015

ಎಲ್ ಅರುಣ ಕುಮಾರ್
L Arun Kumar
ಜನ್ಮ ದಿನಾಂಕ / DOB : 13/12/2013
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)

8427 7686 8185

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

national health authority

Ayushman Bharat Health Account (ABHA)

आयुष्मान भारत स्वास्थ्य खाता (आभा)

Name/ ಹೆಸರು

L Arun Kumar

ಎಲ್ ಅರುಣ ಕುಮಾರ್

Abha Number/ ಆಭಾ ಸಂಖ್ಯೆ

91-6108-2852-0300

Abha Address/ ಆಭಾ ವಿಳಾಸ

Lkumar6029@abdm

Gender/ ಲಿಂಗ	Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ	Mobile/ ಮೊಬೈಲ್
Male / ಗಂಡು	13-12-2013	9945594435

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।

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 1190/08690/17669

To
ವೆಂಕಟೇಶ ನಾಯ್ಕ
Venkatesha Naik
S/O Ramachandra Naik
#55
00
K Tanda
Sevalal street
Kenchanagudda
Kenchanagudda
Bellary Karnataka - 583121
9945594435

Signature valid

Download Date: 28/01/2021

Issue Date: 15/07/2015

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

5466 6441 4791

VID : 9123 3090 8197 5817

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ಭಾರತ ಸರ್ಕಾರ
Government of India

ವೆಂಕಟೇಶ ನಾಯ್ಕ
Venkatesha Naik
ಜನ್ಮ ದಿನಾಂಕ/DOB: 01/01/1981
ಪುರುಷ/ MALE

Download Date: 28/01/2021

Issue Date: 15/07/2015

5466 6441 4791

VID : 9123 3090 8197 5817

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು