



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

G O W R A M M A

B. Name (as per Aadhaar)

G O W R A M M A

2. Gender (select one)

☐

Male

☒

Female

☐

Transgender

3. Date of Birth

0

1

0

1

1

9

8

5

4. Aadhaar Number

8

4

1

1

5

5

5

3

3

7

7

1

5. Residence Address

Flat/Door/Building

W

/

O

S

H

I

V

A

R

U

D

R

A

P

P

A

Road/Street/Block/Sector

K

A

R

N

A

T

A

K

A

O

N

E

C

E

N

T

E

R

N

E

A

Post Office

B

A

L

L

A

R

I

Area/Locality/Town/City

B

A

L

L

A

R

I

District

B

A

L

L

A

R

I

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

8

3

1

2

2

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

7

2

5

9

5

0

8

4

1

1

(ii) Email ID

k1ranganathn@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

N

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E

L

A

K

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N

T

A

P

P

A

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][illegible][illegible]

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

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

GOWRAMMA

GOWRAMMA **SELF**
a. I, _____, in the capacity of _____ (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..28/07/2026

நெருங்கு

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

Name: GOWRAMMA

Designation: **AUTHORIZED PERSON**



ಭಾರತ ಸರ್ಕಾರ
Government of India



ಗೌರಮ್ಮ
Gowramma
ಜನ್ಮ ದಿನಾಂಕ/DOB: 01/01/1985
ಸ್ತ್ರೀ/FEMALE

Issue Date: 26/11/2013

8411 5553 3771

VID : 9149 0791 3956 8008

ನನ್ನ ಆಧಾರ್. ನನ್ನ ಗುರುತು



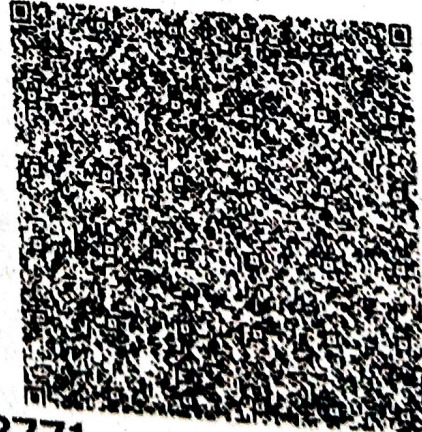
ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ವಿಳಾಸ:

W/O: ಶಿವಾರುದ್ರಪ್ಪ, ಉಡೇಗೋಲಂ, ಬೆಳ್ಳಾರಿ,
ಕರ್ನಾಟಕ - 583122

Address:

W/O: Shivarudrappa, Udegolam, Bellary,
Karnataka - 583122



8411 5553 3771

VID : 9149 0791 3956 8008



1947



help@uidai.gov.in



www.uidai.gov.in



Name/ ಹೆಸರು

Gowramma

ಗೌರಮ್ಮ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

91-2757-4004-2526

Abha Address/ ಅಭಾ ವಿಳಾಸ

91275740042526@abdm



Gender/ ಲಿಂಗ
Female / ಹೆಣ್ಣು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ
01-01-1985

Mobile/ ಮೊಬೈಲ್
7259508411

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।