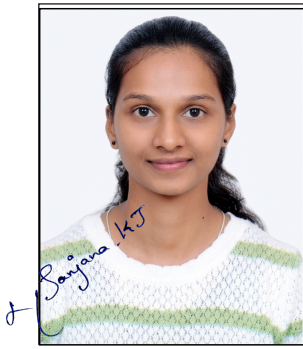


**FORM NO. 93****[See rule 158]****Application for Allotment of Permanent Account Number****[For an Individual being a Citizen of India]****Sr. No.****PART A - Personal Information****1. A. Name**

First Name

S A N J A N A

Middle Name

K A S T H U R I K O P P A L U

Last Name

J A V A N E G O W D A

B. Name (as per Aadhaar)

S A N J A N A K J

2. Gender (select one)☐ Tick

Male

☒ Tick

Female

☐ Tick

Transgender

3. Date of Birth

2 8 0 2 2 0 0 6

4. Aadhaar Number

7 5 3 2 0 8 2 5 8 0 0 2

5. Residence Address

Flat/Door/Building

C / O : J A V A N E G O W D A

Road/Street/Block/Sector

K A S T U R I K O P P A L U , J A V A G A L

Post Office

D E S H A N I

Area/Locality/Town/City

A R A S I K E R E T A L U K

District

H A S S A N

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5 7 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)☒ Tick

Resident

☐ Tick

Non Resident

☐ Tick

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

8 2 1 7 0 6 4 0 2 3

(ii) Email ID

SANJANASANJU1546@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)**☐ Tick

Salary

☐ Tick

Income from Business/Profession

☐ Tick

Income from House Property

☐ Tick

Capital Gains

☒ Tick

Income from Other Sources

☐ Tick

No Income

PART C - Details of Parents**12. Whether mother/father is a single parent? (select one)**☐ Tick

Yes

☒ Tick

No

13. Father's First Name

Father's Middle Name

Father's Last Name

J A V A N E G O W D A

K A S T H U R I K O P P A L U



ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಕಿವ್ಯಕ್ತಿ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 0648/16398/01005

To
ಪಂಜನ ಕೆ ಜೆ
Sanjana K J
C/O: Javanegowda

Kasthuri Koppalu
Javagal Hobali Arasikere Taluk
Deshani
Hassan Karnataka - 573122
8217064023

Signature valid



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

7532 0825 8002

VID : 9193 8249 4348 0063

ನನ್ನ ಆಧಾರ್. ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India

Issue Date: 28/11/2014



ಪಂಜನ ಕೆ ಜೆ
Sanjana K J
ಜನನ ದಿನಾಂಕ/DOB: 28/02/2006
ಪ್ರಕಾರ/FEMALE

7532 0825 8002

VID : 9193 8249 4348 0063



Name/ ಹೆಸರು

Sanjana K J

ಸಂಜನ ಕೆ ಜೆ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

91-6005-8052-4731

Abha Address/ ಅಭಾ ವಿಳಾಸ

91600580524731@abdm



Gender/ ಲಿಂಗ

Female / ಹೆಣ್ಣು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ

28-02-2006

Mobile/ ಮೊಬೈಲ್

8217064023

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।