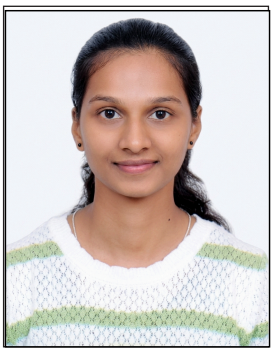
FORM NO. 93

[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	SANJANA
Middle Name	KASTHURIKOPPALU
Last Name	JAVANEGOWDA

B. Name *(as per Aadhaar)*

	SANJANA K J

2. Gender *(select one)* — Tick Male | ✓ Female | Tick Transgender

3. Date of Birth — 28 02 2006

4. Aadhaar Number — 753208258002

5. Residence Address

Flat/Door/Building	C/O: JAVANEGOWDA		
Road/Street/Block/Sector	KASTURI KOPPALU, JAVAGAL		
Post Office	DESHANI		
Area/Locality/Town/City	ARASIKERE TALUK		
District	HASSAN		
State/Union Territory	KARNATAKA	Country/Region	INDIA
PIN / ZIP CODE	573122		

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 | 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	91	Mobile Number 8217064023
(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 | ✓ Income from Other Sources | Tick No Income

PART C - Details of Parents

12. Whether mother/father is a single parent? *(select one)* — Tick Yes | ✓ No

13. Father's First Name	JAVANEGOWDA
Father's Middle Name	
Father's Last Name	KASTHURIKOPPALU

14.	**Mother's First Name**	A S H A
	Mother's Middle Name	G Y A R G A T T A
	Mother's Last Name	S H A N K A R L I N G A P P 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: 3 2 1
(iv) AO No.: 9 2

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)* ☐ Tick Residence Address ☐ Tick 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**

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

Verification & Declaration

a. I, SANJANA K J, 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. HASSAN

Date. 03/08/2026

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

Name: SANJANA K J

Designation: AUTHORIZED PERSON

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

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

To
ಸಂಜನ 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

ಸಂಜನ ಕೆ ಜೆ
Sanjana K J
ಜನ್ಮ ದಿನಾಂಕ/DOB: 28/02/2006
FEMALE

Issue Date: 28/11/2014

7532 0825 8002

VID : 9193 8249 4348 0063

national health authority

Ayushman Bharat Health Account (ABHA)

आयुष्मान भारत स्वास्थ्य खाता (आभा)

Name/ ಹೆಸರು

Sanjana K J

ಸಂಜನ ಕೆ ಜೆ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

91-6005-8052-4731

Abha Address/ ಅಭಾ ವಿಳಾಸ

91600580524731@abdm

Gender/ ಲಿಂಗ	Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ	Mobile/ ಮೊಬೈಲ್
Female / ಹೆಣ್ಣು	**28-02-2006**	**8217064023**

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।