



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

R A V I H A L

Middle Name

Last Name

S A R A S W A T H I

B. Name (as per Aadhaar)

R S A R A S W A T H I

2. Gender (select one)

☐

Male

☒

Female

☐

Transgender

3. Date of Birth

3

0

0

7

2

0

0

8

4. Aadhaar Number

7

6

0

4

0

4

1

9

7

2

0

7

5. Residence Address

Flat/Door/Building

1

S

T

W

A

R

D

,

6

4

H

A

L

E

K

O

T

E

Road/Street/Block/Sector

N

E

A

R

M

A

R

I

S

W

A

M

Y

T

A

T

A

N

A

M

A

Post Office

H

A

L

E

K

O

T

A

Area/Locality/Town/City

H

A

L

E

K

O

T

E

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

8

8

6

1

0

3

9

9

6

4

(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

N

A

Y

A

K

A

R

A

Father's Middle Name

Father's Last Name

J

A

G

A

N

N

A

T

H

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	C	
	(iii) Range Code	4	2	1	(iv) AO No.	9	1

[illegible][illegible]

Flat/Door/Building																					
Road/Street/Block/Sector																					
Post Office																					
Area/Locality/Town/City																					
District																					
State/Union Territory					Country/Region								PIN / ZIP CODE								

[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

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..05/08/2026

రెండవ స్థాయి

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

Name: R SARASWATHI

Designation: **AUTHORIZED PERSON**



ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ / Enrollment No.: 0821/90885/85094

To

ಆರ್ ಸರಸ್ವತಿ

R Saraswathi

D/o N Jagannatha,

1st Ward,

Near Mariswamy Tatana Mata, 64 Halekote,

VTC: Halekote,

PO: Halekote,

District: Ballari,

State: Karnataka,

PIN Code: 583122,

Mobile: 8861039964

158293603



MH582936032FL



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

7604 0419 7207

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India



Aadhaar no. issued: 30/07/2014



ಆರ್ ಸರಸ್ವತಿ

R Saraswathi

ಜನ್ಮ ದಿನಾಂಕ / DOB : 30/07/2008

ಸ್ತ್ರೀ / Female

ಆಧಾರ್ ಗುರುತಿನ ಪ್ರಮಾಣವಾಗಿದೆ, ಪೌರತ್ವ, ಜನನದ ದಿನಾಂಕದ
ಪ್ರಮಾಣ ಅಲ್ಲ. ಇದನ್ನು ಐನ್‌ಫೋಕ್ ರೆಸಿಡೆನ್ಸಿಯ ಆಧಾರ್ ಡಿ ಸೀಡ್ /
ಐನ್‌ಫೋಕ್ 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)

7604 0419 7207

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



Ayushman Bharat Health Account (ABHA)

आयुष्मान भारत स्वास्थ्य खाता (आभा)



Name/ ಹೆಸರು

R Saraswathi

ಆರ್ ಸರಸ್ವತಿ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

91-3362-2418-8134

Abha Address/ ಅಭಾ ವಿಳಾಸ

91336224188134@abdm



Gender/ ಲಿಂಗ
Female / ಹೆಣ್ಣು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ
30-07-2008

Mobile/ ಮೊಬೈಲ್
8861039964



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।