

**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

C

H

I

N

N

A

Middle Name

Last Name

M

A

R

E

P

P

A

B. Name (as per Aadhaar)

C

H

I

N

N

A

2. Gender (select one)☒

Male

☐

Female

☐

Transgender

3. Date of Birth

0

6

1

0

2

0

0

6

4. Aadhaar Number

6

8

2

0

6

3

0

4

8

7

3

3

5. Residence Address

Flat/Door/Building

5

W

A

R

D

Road/Street/Block/Sector

S

I

D

D

A

P

P

A

N

A

G

A

R

Post Office

H

A

L

E

K

O

T

A

Area/Locality/Town/City

H

A

L

E

K

O

T

A

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

3

4

9

4

8

4

5

8

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

S

A

R

A

Y

I

Father's Middle Name

Father's Last Name

J

A

M

B

A

N

N

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

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

[illegible]

Part G: Declaration by Applicant or by Representative Assessee on behalf 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

CHINNA MAREPPA **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..20/08/2026

వివరము

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

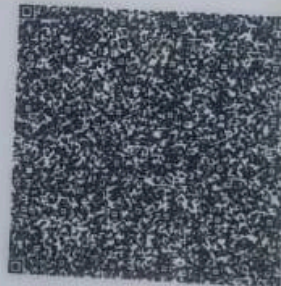
Name: CHINNA MAREPPA

Designation: **AUTHORIZED PERSON**



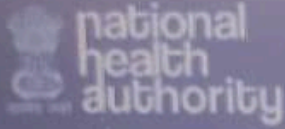
ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

Digitally signed by **Dr. S. Unique**
Identification Authority of India
Date: 2025.05.15 11:42:47
IST



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Author no. issued: 23/11/2015



Ayushman Bharat Health Account (ABHA)
आयुष्मान भारत स्वास्थ्य खाता (आभा)



Name/ ಹೆಸರು

Chinna Mareppa

ಚಿನ್ನ ಮಾರೇಪ್ಪ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

91-4438-7310-6068

Abha Address/ ಅಭಾ ವಿಳಾಸ

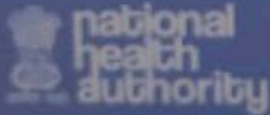
chinna734948454@abdm



Gender/ ಲಿಂಗ
Male / ಗಂಡು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ
06-10-2006

Mobile/ ಮೊಬೈಲ್
7349484584



Ayushman Bharat Health Account (ABHA)
आयुष्मान भारत स्वास्थ्य खाता (आभा)

