

**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

A M B A R E E S H

B. Name (as per Aadhaar)

A M B A R E E S H

2. Gender (select one)

Male



Female



Transgender

3. Date of Birth

0

1

0

1

1

9

9

6

4. Aadhaar Number

9

1

4

1

1

8

7

8

5

7

5

5

5. Residence Address

Flat/Door/Building

1

1

Road/Street/Block/Sector

Y

A

D

I

Y

A

P

U

R

Post Office

P

A

R

A

S

A

N

A

H

A

L

L

I

Area/Locality/Town/City

H

U

N

A

S

A

G

I

District

Y

A

D

G

I

R

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

8

5

2

1

6

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

9

0

1

9

3

0

4

6

4

1

(ii) Email ID

utireddy@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

R

A

M

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	W	
	(iii) Range Code	4	2	1	(iv) AO No.	5	

[illegible][illegible]

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

[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

24. Documents submitted as Proof of Identity, Proof of Address of Representative Assessee

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

AMBAREESH

a. I,, 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.**YADGIR**

Date.. **24/08/2026**

உய்யுபு

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

Name: **AMBAREESH**

Designation: **AUTHORIZED PERSON**



भारत सरकार
GOVERNMENT OF INDIA



ಅಂಬರೇಶ್

Ambaresh

ಜನ್ಮ ದಿನಾಂಕ/DOB:01/01/1996

ಪುರುಷ Male



9141 1878 5755

ಅಧಾರ್ -ಶ್ರೀ ಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

Date: 09/07/2016

ವಿಳಾಸ:

ತಂದೆ / ತಾಯಿಯ ಹೆಸರು: ರಾಮಣ್ಣ
ತೀರುವಾಳ ಯಡಿಯಾಪುರ,
ಯಡಿಯಾಪುರ, ಪಾರಸನಹಳ್ಳಿ,
ಯಾದಗಿರಿ
ಕರ್ನಾಟಕ, 585216

S/O: Ramanna
Tiruvala yadiyapoor,
Yediapur,
Parasanahalli, Yadgir
Karnataka, 585216

9141 1878 5755



1800 180 1947



help@uidai.gov.in



www.uidai.gov.in



P.O. Box No. 1947,
Bengaluru-560 001



national
health
authority

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



Name/ नाम

Ambaresh

अम्बारेष

Abha Number/ अभा संख्या

91-6584-6167-5428

Abha Address/ अभा विवरण

ambaresh_199619961@abdm



Gender/ लिंग
Male / पुरुष

Date Of Birth/ जन्म तिथि
01-01-1996

Mobile/ मोबाइल
9972083812



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।

आभा - डिजिटल