

**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

S H A S H I K A L A

B. Name (as per Aadhaar)

S H A S H I K A L A

2. Gender (select one)☐ Tick

Male

☒ Tick

Female

☐ Tick

Transgender

3. Date of Birth

0

1

0

1

2

0

0

4

4. Aadhaar Number

8

5

3

0

6

9

6

9

8

9

1

0

5. Residence Address

Flat/Door/Building

C

/

O

H

A

M

P

A

Y

Y

A

,

W

A

R

D

N

O

2

2

Road/Street/Block/Sector

C

H

I

K

A

P

A

R

V

I

R

O

A

D

,

A

M

B

H

E

D

I

Post Office

M

A

N

V

I

Area/Locality/Town/City

M

A

N

V

I

District

R

A

I

C

H

U

R

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

8

4

1

2

3

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

7

0

2

2

4

4

1

8

9

9

(ii) Email ID

RAGHUNAIK6261@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

R

A

M

E

S

H

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.	6	

[illegible]

18. Permanent Account Number (if any)

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[illegible]

20. Representative Assessee Address

[illegible]

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

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

SHASHIKALA

a. I, SHASHIKALA, 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 RAICHUR

Date..22/08/2026

ଚରିତ୍ର

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

Name: SHASHIKALA

Designation: **AUTHORIZED PERSON**



भारत सरकार
Government of India

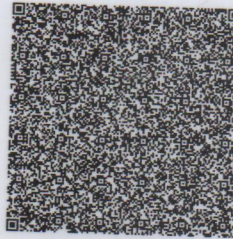


ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ / Enrolment No.: 0000/00687/55698

To
ಶಶಿಕಲಾ
Shashikala
C/O Hampayya,
ward no 22,
chikalparvi road,
Ambhedikra Nagar,
VTC: Manvi,
PO: Manvi,
Sub District: Manvi,
District: Raichur,
State: Karnataka,
PIN Code: 584123
Mobile: 7022441899



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

8530 6969 8910

VID : 9133 6696 1906 6246

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India

Aadhaar no. issued: 30/06/2015



ಶಶಿಕಲಾ
Shashikala
ಜನ್ಮ ದಿನಾಂಕ/DOB: 01/01/2004
ಸ್ತ್ರೀ / FEMALE

8530 6969 8910

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



Name/ ಹೆಸರು
Shashikala
ಶಶಿಕಲಾ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ
91-1203-6405-4714

Abha Address/ ಅಭಾ ವಿಳಾಸ
shashikala9377@abdm



Gender/ ಲಿಂಗ
Female / ಹೆಣ್ಣು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ
01-01-2004

Mobile/ ಮೊಬೈಲ್
7022441899

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।