



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

N A R A Y A N A P P A

B. Name (as per Aadhaar)

N A R A Y A N A P P A

2. Gender (select one)



Male



Female



Transgender

3. Date of Birth

0 5

0 6

1 9

8 3

4. Aadhaar Number

3 5

1 7

3 0

3 1

4 1

7 6

5. Residence Address

Flat/Door/Building

K A D A R A N A H A L L I

Road/Street/Block/Sector

V I D U R A S H W A T H A

Post Office

V I D U R A S H W A T H A P O S T

Area/Locality/Town/City

G A U R I B I D N U R

District

C H I K K A B A L L A P U R

State/Union Territory

K A R N A T A K A

Country/Region

I N D I A

PIN / ZIP CODE

5 6 1 2 0 8

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 1 0 5 6 6 8 8 3 9

(ii) Email ID

SIRI888000888@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

H A N U M A N T H A P P 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	1	2	8	(iv) AO No.	9	4

[illegible][illegible][illegible][illegible]

22. Address for Communication (select one) ☒ Residence Address ☐ Representative Assessee Address ☐ Office Address

☒ (i) Proof of Identity ☒ (ii) Proof of Address ☒ (iii) Proof of Date of Birth

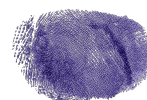
☐ Tick (i) Proof of Identity ☐ Tick (ii) Proof of Address

a. I, NARAYANAPPA, 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. CHIKKABALLAPUR

Date..25/08/2026



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

Name: NARAYANAPPA

Designation: **AUTHORIZED PERSON**



भारत सरकार
Government of India



आधार

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ

Unique Identification Authority of India
Government of India

ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No 1208/40019/07194

To,
ನಾರಾಯಣಪ್ಪ
Narayanappa
S/O: Hanumanthappa
Kadaranahalli
Vidurashwatha Gauribidnur Chikkaballapur
Karnataka 561208
8105668839

Ref: 1808 / 20B / 681359 / 681414 / P



SE478392212FT



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

3517 3031 4176

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



भारत सरकार
Government of India

ಭಾರತ ಸರ್ಕಾರ

Government of India



ನಾರಾಯಣಪ್ಪ
Narayanappa
ಜನ್ಮ ದಿನಾಂಕ / DOB : 05/06/1983
ಪುರುಷ / Male



3517 3031 4176

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ

**national health authority**

Ayushman Bharat Health Account (ABHA)
आयुज्जान भारत स्वास्थ खाता (आभा)





Name/ नाम
Narayanappa
नारायणप्पा

Abha Number/ अभ्वा संख्या
91-1535-5421-8740

Abha Address/ अभ्वा विषय
91153554218740@abdm



Gender/ लिंग
Male / पुरुष

Date Of Birth/ जन्म तिथि
05-06-1983

Mobile/ मोबाइल
8105668839

**national health authority**

Ayushman Bharat Health Account (ABHA)
आयुज्जान भारत स्वास्थ 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।