

**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

M A H E N D R A

Middle Name

M A D A P U R A

Last Name

J A Y A N N A

B. Name (as per Aadhaar)

M A H E N D R A M J

2. Gender (select one)

Male



Female



Transgender

3. Date of Birth

2

4

1

2

2

0

0

3

4. Aadhaar Number

3

0

6

7

8

5

0

2

4

3

6

7

5. Residence Address

Flat/Door/Building

0

1

Road/Street/Block/Sector

S M A D A P U R A

Post Office

S M A D A P U R A

Area/Locality/Town/City

K A D U R

District

C H I K K A M A G A L U R U

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

7

7

1

3

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

6

3

6

4

5

8

1

7

9

0

(ii) Email ID

ganesh123bvr@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

J A Y 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	3	2	1	(iv) AO No.	9	2

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]

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

MAHENDRA M J

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, CHIKKAMAGALURU

Date..03/09/2026

మహావై విం. ౧౩

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

Name: MAHENDRA M J

Designation: **AUTHORIZED PERSON**



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ

Unique Identification Authority of India
Government of India

ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No.: 1067/93251/00175

To
ಮಹೇಂದ್ರ ಎಮ್ ಜೇ
Mahendra M J
S/O: Jayanna
s madapur
kadur thaluk
S.Madapura
S. Madapura
Kadur Chickmagalur
Karnataka 577138

25/02/2014

119253595



ML192535951FT



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

3067 8502 4367

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



ಭಾರತ ಸರ್ಕಾರ

Government of India



ಮಹೇಂದ್ರ ಎಮ್ ಜೇ
Mahendra M J
ಜನ್ಮ ದಿನಾಂಕ / DOB : 24/12/2003
ಪುರುಷ / Male



3067 8502 4367

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



Name/ ಹೆಸರು

Mahendra M J

ಮಹೇಂದ್ರ ಎಮ್ ಜೆ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

91-1603-5680-1359

Abha Address/ ಅಭಾ ವಿಳಾಸ

91160356801359@abdm



Gender/ ಲಿಂಗ
Male / ಗಂಡು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ
24-12-2003

Mobile/ ಮೊಬೈಲ್
6364581790

Instructions

Toll-Free Number: 1800 114 477

- With this ABHA you have become a part of India's digital health ecosystem.
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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।
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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।