



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

R O H I T H

B. Name (as per Aadhaar)

R O H I T H

2. Gender (select one)



Male



Female



Transgender

3. Date of Birth

1

5

0

8

2

0

0

7

4. Aadhaar Number

8

4

5

2

1

3

9

2

4

8

0

6

5. Residence Address

Flat/Door/Building

9

T

H

B

C

R

O

S

S

A

J

J

A

L

A

M

A

L

L

I

Road/Street/Block/Sector

H

A

N

N

U

R

M

A

I

N

R

O

A

D

Post Office

K

A

C

H

A

R

A

K

A

N

A

H

A

L

L

I

Area/Locality/Town/City

K

A

C

H

A

R

A

K

A

N

A

H

A

L

L

I

District

B

E

N

G

A

L

U

R

U

U

R

B

A

N

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

6

0

0

8

4

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

2

2

9

1

9

6

(ii) Email ID

ff3495014@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

M

A

H

E

S

H

A

Father's Middle Name

Father's Last Name

N

A

Y

A

K

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

[illegible][illegible][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

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

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. BENGALURU URBAN

Date..04/09/2026



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

Name: ROHITH

Designation: **AUTHORIZED PERSON**



ಭಾರತ ಸರ್ಕಾರ
Government of India

Aadhaar no. issued: 18/04/2015



ರೋಹಿತ್

Rohith

ಜನ್ಮ ದಿನಾಂಕ/ DOB: **15/08/2007**

ಪುರುಷ/ MALE

ಆಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯಾಗಿದೆ, ಪೌರತ್ವ ಅಥವಾ ಜನ್ಮ ದಿನಾಂಕದ ಪುರಾವೆ ಅಲ್ಲ. ಇದನ್ನು ಆನ್‌ಲೈನ್ ದೃಢೀಕರಣ ಅಥವಾ QR ಕೋಡ್ / ಆಫ್‌ಲೈನ್ XML ಸ್ಕ್ಯಾನಿಂಗ್‌ನೊಂದಿಗೆ ಮಾತ್ರ ಬಳಸಬೇಕು.

Aadhaar is proof of identity, not of citizenship or date of birth. It should be used only with verification (online authentication or scanning of QR code / offline XML)

8452 1392 4806

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

Unique Identification Authority of India

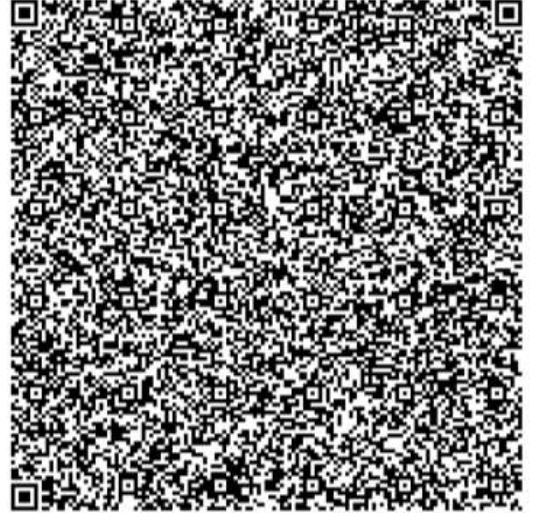


ವಿಳಾಸ:

ತಂದೆ / ತಾಯಿಯ ಹೆಸರು: ಮಹೇಶನಾಯಕ, ವಡ್ಡರಹಳ್ಳಿ, ಕೆ
ಬೆಟ್ಟಹಳ್ಳಿ, ಪಾಂಡವಪುರ, ಪಾಂಡವಪುರ, ಮಂಡ್ಯ
ಕರ್ನಾಟಕ - 571434

Address:

S/O: Maheshanayaka, vaddarahalli, k bettahalli,
Pandavapura, PO: Pandavapura, DIST: Mandya,
Karnataka - 571434



Details as on: 03/09/2026

8452 1392 4806

☎ 1947

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| 🌐 www.uidai.gov.in



**national
health
authority**

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



Name / ಹೆಸರು

Rohith

ರೋಹಿತ್

Abha Number / ಅಭಾ ಸಂಖ್ಯೆ

91-4154-2483-1469

Abha Address / ಅಭಾ ವಿಳಾಸ

91415424831469@abdm



Gender / ಲಿಂಗ

Male / ಗಂಡು



Date Of Birth / ಹುಟ್ಟಿದ ದಿನಾಂಕ

15-08-2007



Mobile / ಮೊಬೈಲ್

7259602138



**national
health
authority**

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



Instructions

Toll-Free Number: 1800 114 477

- With this ABHA you have become a part of India's digital health ecosystem.
इस अभा 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.
अभा 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 एबीहए मोबाइल ऐप, आरोग्य सेतु या अन्य एबीहए सक्षम ऐप डाउनलोड कर सकते हैं और साझा करने के लिए अपना मोबाइल ऐप, आरोग्य सेतु या अन्य एबीहए 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।



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