

**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

S U M A

Middle Name

S H I D D A P P A

Last Name

K I T T U R

B. Name (as per Aadhaar)

S U M A S H I D D A P P A K I T T U R

2. Gender (select one)☐ Tick

Male

☒ Tick

Female

☐ Tick

Transgender

3. Date of Birth

1 3 0 5 2 0 0 2

4. Aadhaar Number

3 6 2 3 7 1 2 7 3 1 6 0

5. Residence Address

Flat/Door/Building

1 2

Road/Street/Block/Sector

B U J R U K T A R L A G H A T T A , B K

Post Office

B T A R L A G H A T T A

Area/Locality/Town/City

D H A R W A D

District

D H A R W A D

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5 8 1 1 1 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)☒ 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

8 1 5 1 9 1 8 1 2 0

(ii) Email ID

goudra86@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

S H I D D A P P A

Father's Middle Name

Father's Last Name

K I T T U R

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]

(i) Mobile Number	Country Code		Mobile Number	
(ii) Email ID				
(iii) Landline No. with STD Code (<i>if any</i>)	STD Code		Landline Number	

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

a. I, SUMA SHIDDAPPA KITTUR, 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. DHARWAD

Date...09/09/2026

SSB

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

Name: SUMA SHIDDAPPA KITTUR

Designation: **AUTHORIZED PERSON**



भारत सरकार
Bharat Sarkar



आधार
Aadhaar

ಭಾರತೀಯ ವಿಕಿಷ್ಣು ಗುರುತು ಪ್ರಾಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ

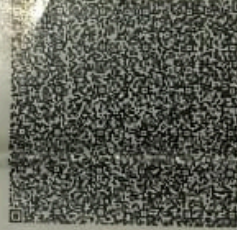
Unique Identification Authority of India
Government of India

ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No.: 0654/11124/44458

To
ಸುಮಾ ಶಿಧಪ್ಪ ಕಿತ್ತೂರ
Suma Shiddappa Kittur
Bujruk Tarlaghatta
B K Tarlagatta
Dharwad
Karnataka 581113

8151918120

163434869
ME634348697FH



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

3623 7127 3160

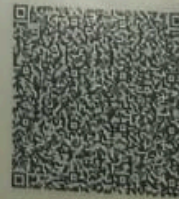
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ಭಾರತ ಸರ್ಕಾರ

Government of India

ಸುಮಾ ಶಿಧಪ್ಪ ಕಿತ್ತೂರ
Suma Shiddappa Kittur
ಜನ್ಮ ದಿನಾಂಕ / DOB : 13/05/2002
ಸ್ತ್ರೀ / Female



3623 7127 3160

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



**national
health
authority**

Ayushman Bharat Health Account (ABHA)

आयुष्मान भारत स्वास्थ्य खाता (आभा)



Name/ ಹೆಸರು

Suma Shiddappa Kittur

ಸುಮಾ ಶಿಡ್ಲಪ್ಪ ಕಿತ್ತೂರು

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

91-2131-7131-8586

Abha Address/ ಅಭಾ ವಿಳಾಸ

91213171318586@abdm



Gender/ ಲಿಂಗ
Female / ಹೆಣ್ಣು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ
13-05-2002

Mobile/ ಮೊಬೈಲ್
8151918120



**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।