

**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

A R P A N

Middle Name

Last Name

K U M A R I

B. Name (as per Aadhaar)

A R P A N

K U M A R I

2. Gender (select one)☐ Tick

Male

☒ Tick

Female

☐ Tick

Transgender

3. Date of Birth

0

1

0

9

2

0

0

8

4. Aadhaar Number

3

9

1

2

8

8

1

9

0

9

2

6

5. Residence Address

Flat/Door/Building

N O 2 5 1 / 1

Road/Street/Block/Sector

H A N N U R

M A I N

R O A D

K O T H A N U

Post Office

N A R A Y A N A N P U R A

Area/Locality/Town/City

N A R A Y A N A N P U R A

District

B E N G A L U R U

U R B A N

State/Union Territory

K A R N A T A K A

Country/Region

I N D I A

PIN / ZIP CODE

5

6

0

0

7

7

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

2

9

5

9

3

0

7

5

1

(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)**☐ 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

R

A

J

A

Father's Middle Name

Father's Last Name

K

U

M

A

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

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

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

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

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

a. I, ARPAN KUMARI, 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: BENGALURU URBAN

Date..09/09/2026

अल्पा कुमकान

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

Name: ARPAN KUMAR

Designation: **AUTHORIZED PERSON**



भारत सरकार
Government of India



Aadhaar no. issued: 22/02/2026



अर्पण कुमारी
Arpan Kumari
जन्म तिथि/DOB: 2008
महिला/ FEMALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफ़लाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।

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

3912 8819 0926

मेरा **आधार**, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



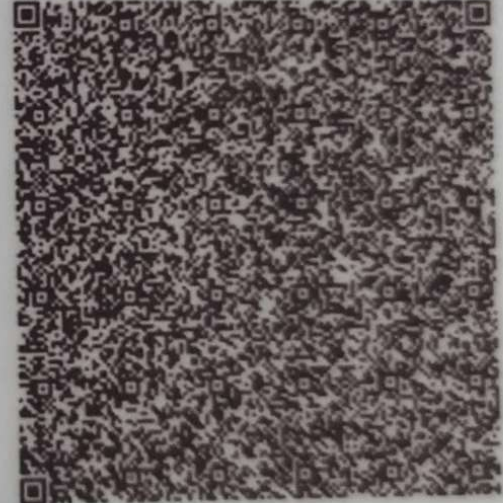
Details as on: 23/02/2026

पता:

द्वारा: रंकी देवी, वॉर्ड न. 2, रतनाहा, दिघनी, दिघनी, खगड़िया,
बिहार - 851204

Address:

C/O: Rinki Devi, ward no. 2, ratanaha, Dighni, PO:
Dighni, DIST: Khagaria,
Bihar - 851204



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VID : 9174 9650 2109 8966

☎ 1947

| ✉ help@uidai.gov.in |

| 🌐 www.uidai.gov.in



Name/ नाम
Arpan Kumari
अर्पण कुमारी

Abha Number/ आभा-संख्या
91-2458-0802-1407

Abha Address/ आभा पता
arpan.kumari5072@abdm



Gender/ लिंग
Female / महिला

Date Of Birth/ जन्मतिथि
01-09-2008

Mobile/ मोबाइल
7295930751

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।