

**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

S A B B A

**B. Name (as per Aadhaar)**

S A B B A

**2. Gender (select one)**☐ Tick

Male

☒ Tick

Female

☐ Tick

Transgender

**3. Date of Birth**

0

5

0

4

2

0

0

6

**4. Aadhaar Number**

3

7

7

6

0

6

0

0

2

0

9

4

**5. Residence Address**

Flat/Door/Building

#

5

6

S

M

R

E

Y

2

9

/

3

Road/Street/Block/Sector

N

E

A

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C

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G

E

,

Post Office

H

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A

M

A

V

U

Area/Locality/Town/City

H

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A

G

A

R

A

District

B

E

N

G

A

L

U

R

U

R

B

A

N

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

6

0

0

4

3

**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

9

8

8

0

4

6

6

5

2

3

(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**

M

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H

A

M

M

E

D

Father's Middle Name

Father's Last Name

N

A

S

I

R

15. Name of parent to be printed on Permanent Account Number card (select one) ☒ Father ☐ Mother

|                                           |                  |   |   |   |              |   |   |
|-------------------------------------------|------------------|---|---|---|--------------|---|---|
| 16. <b>Assessing Officer</b><br>(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][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

24. Documents submitted as Proof of Identity, Proof of Address of Representative Assessee

Designation: **AUTHORIZED PERSON**



ಭಾರತ ಸರ್ಕಾರ  
Government of India

Aadhaar no. issued: 19/10/2012



ಶಬ್ಬಾ

Sabba

ಜನ್ಮ ದಿನಾಂಕ/DOB: 05/04/2006

ಸ್ತ್ರೀ / FEMALE

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)**

**3776 0600 2094**

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

Unique Identification Authority of India

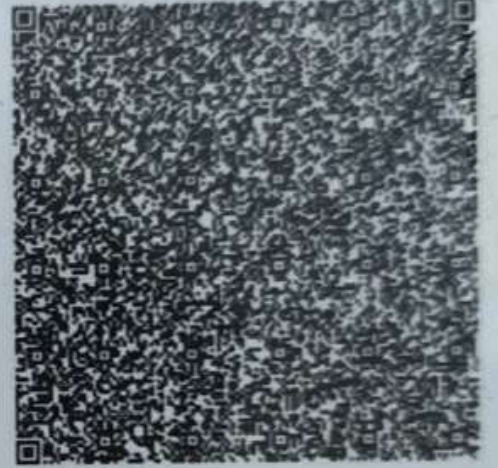


ವಿಳಾಸ:

D/O: ಎಮ್ ಡಿ ನಾಸೀರ್, #56 ಸಿ. ಇ. 29/3, ಕ್ರಿಸ್ತಿಯನ್  
ಕಾಲೇಜ್ ಹತ್ತಿರ, ಹೊರಮವು ಅಗರ, ಹೊರಮವು ಅಗರ,  
ಹೊರಮವು, ಬೆಂಗಳೂರು,  
ಕರ್ನಾಟಕ - 560043

Address:

D/O: M D Nasir, #56 Smrey 29/3, Near Christian  
College, Horamavu Agara, Horamavu Agara, PO:  
Horamavu, DIST: Bangalore,  
Karnataka - 560043



**3776 0600 2094**

**VID : 9189 3472 4679 4460**

☎ 1947

| ✉ [help@uidai.gov.in](mailto:help@uidai.gov.in)

| 🌐 [www.uidai.gov.in](http://www.uidai.gov.in)



Name/ ಹೆಸರು

**Sabba**

ಶಬ್ಬಾ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

**91-2878-4446-5321**

Abha Address/ ಅಭಾ ವಿಳಾಸ

**sabba9283@abdm**



Gender/ ಲಿಂಗ  
**Female / ಹೆಣ್ಣು**

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ  
**05-04-2006**

Mobile/ ಮೊಬೈಲ್  
**9880466523**

**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](http://www.abha.abdm.gov.in), it is digitally acceptable.  
यदि यह कार्ड खो जाता है तो कृपया इसे [www.abha.abdm.gov.in](http://www.abha.abdm.gov.in) से डाउनलोड करें, यह डिजिटल रूप से स्वीकार्य है।