



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

L A K S H M A N

Middle Name

R A M A P P A

Last Name

G O K A V I

B. Name (as per Aadhaar)

L A K S H M A N R A M A P P A G O K A V I

2. Gender (select one)



Male



Female



Transgender

3. Date of Birth

0

8

0

6

1

9

6

2

4. Aadhaar Number

6

3

0

5

5

6

6

6

0

9

9

2

5. Residence Address

Flat/Door/Building

C / O R A M A P P A

Road/Street/Block/Sector

M A S U T I O N I , B E L A H A R T A L U

Post Office

K A I W A D

Area/Locality/Town/City

B E L A H A R

District

D H A R W A D

State/Union Territory

K A R N A T A K A

Country/Region

I N D I A

PIN / ZIP CODE

5

8

2

2

0

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

9

4

8

0

5

6

9

6

9

5

(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)



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

R A M A P P A

Father's Middle Name

Father's Last Name

G O K A V I

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]

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

21. Contact Details					
(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

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

LAKSHMAN RAMAPPA GOKAVI

a. I,, 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..**16/09/2026**

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

Name: _____**LAKSHMAN RAMAPPA GOKAVI**

Designation: _____**AUTHORIZED PERSON**



ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ / Enrollment No.: 2825/11168/23119

To
ಲಕ್ಷ್ಮಣ ರಾಮಪ್ಪ ಗೋಕಾವಿ
Lakshman Ramappa Gokavi
C/O Ramappa,
- Masuli oni,
Belahar taluk Navalgund,
VTC: Belahar,
PO: Kaiwad,
Sub District: Navalgund, District: Dharwad,
State: Karnataka,
PIN Code: 582208,
Mobile: 9480569695

31/12/2012
6323790



MF063237900FI



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

6305 5666 0992

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India



ಲಕ್ಷ್ಮಣ ರಾಮಪ್ಪ ಗೋಕಾವಿ
Lakshman Ramappa Gokavi
ಜನ್ಮ ದಿನಾಂಕ / DOB : 08/06/1962
ಪುರುಷ / Male

6305 5666 0992

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

31/12/2012



Name/ ಹೆಸರು

Lakshman Ramappa Gokavi

ಲಕ್ಷ್ಮಣ ರಾಮಪ್ಪ ಗೋಕಾವಿ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

91-4073-4017-0460

Abha Address/ ಅಭಾ ವಿಳಾಸ

91407340170460@abdm



Gender/ ಲಿಂಗ
Male / ಗಂಡು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ
08-06-1962

Mobile/ ಮೊಬೈಲ್
9480569695

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।
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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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