

**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

K O W S A L Y A

B. Name (as per Aadhaar)

K O W S A L Y A

2. Gender (select one)☐ Tick

Male

☒ Tick

Female

☐ Tick

Transgender

3. Date of Birth

2

8

1

0

1

9

7

2

4. Aadhaar Number

4

0

6

8

8

9

0

1

2

1

4

6

5. Residence Address

Flat/Door/Building

W

I

O

S

O

M

A

S

H

E

K

H

A

R

A

K

N

Road/Street/Block/Sector

K

E

L

A

V

A

T

H

I

S

A

L

A

G

A

M

E

H

O

B

L

Post Office

N

I

T

T

U

R

Area/Locality/Town/City

K

E

L

A

V

A

T

H

I

District

H

A

S

S

A

N

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

7

3

2

1

9

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

5

9

2

3

7

0

5

4

(ii) Email ID

netpointphoto@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

Father's Middle Name

Father's Last Name

D

O

D

D

E

G

O

W

D

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]

21. Contact Details									
(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

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

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

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

2 of 5



भारत सरकार
भारत सरकार



ಭಾರತ ಸರ್ಕಾರ
Government of India

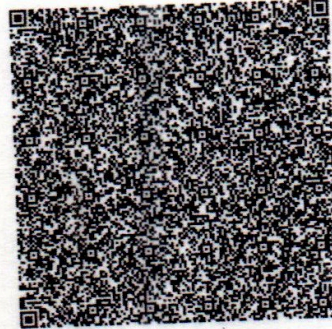
ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 2738/02063/03051

To
ಕೌಸಲ್ಯ
Kowsalya
W/O: Somashekhar K N
Salagame Hobli
Hassan Taluk
Kelavathi
Hasan Karnataka - 573219
7259237054

Signature valid

Signature valid
AU-HCR-INDIA 05
2023/09/13 13:43:41



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

4068 8901 2146

VID : 9190 1241 2402 3367

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India

Issue Date: 17/07/2013



ಕೌಸಲ್ಯ
Kowsalya
ಜನ್ಮ ದಿನಾಂಕ/DOB: 28/10/1972
ಸ್ತ್ರೀ/FEMALE

4068 8901 2146

VID : 9190 1241 2402 3367

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



**national
health
authority**

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



Name/ ಹೆಸರು

Kowsalya

ಕೌಸಲ್ಯ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

91-2628-0014-2701

Abha Address/ ಅಭಾ ವಿಳಾಸ

kowsalya_72@abdm



Gender/ ಲಿಂಗ
Female / ಹೆಣ್ಣು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ
28-10-1972

Mobile/ ಮೊಬೈಲ್
7259237054



**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।