



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

N A N J A I A H

## B. Name (as per Aadhaar)

N A N J A I A H

## 2. Gender (select one)



Male



Female



Transgender

## 3. Date of Birth

0

1

0

1

1

9

6

6

## 4. Aadhaar Number

4

8

0

3

2

2

1

7

9

5

9

0

## 5. Residence Address

Flat/Door/Building

B

A

S

A

R

A

L

U

H

O

B

A

L

I

Road/Street/Block/Sector

M

O

L

E

K

O

P

A

L

U

Post Office

K

A

M

B

A

D

A

H

A

L

L

I

Area/Locality/Town/City

M

A

N

D

Y

A

District

M

A

N

D

Y

A

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

7

1

4

1

6

## 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

7

0

2

2

9

3

0

7

2

2

(ii) Email ID

bas571416@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

C

H

I

K

K

A

Father's Middle Name

Father's Last Name

B

O

M

M

A

I

A

H

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 | 3 |

[illegible]

**19.** Aadhaar Number (if Permanent Account Number is not available)

[illegible][illegible]

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

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

a. I, NANJIAH, 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: MANDYA

Date 19/09/2026

ನಂಜುಂಜೆ

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

Name: **NANJIAIAH**

Designation: **AUTHORIZED PERSON**



ಭಾರತ ಸರ್ಕಾರ  
Government of India

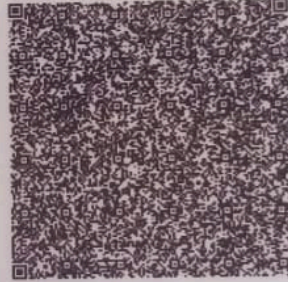
ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ  
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: S134/70474/81300

To  
ನಂಜಯ್ಯ  
Nanjaiah  
S/O: Chikka Bommaiah,  
Mole koppalu,  
Mandya talluku,  
Basaralu hobli,  
mole koppalu,  
VTC: Kambadahalli,  
PO: Kambadahalli,  
Sub District: Krishnarajpet,  
District: Mandya,  
State: Karnataka,  
PIN Code: 571416

Mobile: 7022930722  
Signature valid

Digitally signed by Unique  
Identification Authority of India  
06  
Date: 2020.09.19 11:52:40  
GMT+05:30



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

4803 2217 9590

VID : 9165 4490 2020 6404



ಭಾರತ ಸರ್ಕಾರ  
Government of India

Aadhaar no. issued: 22/02/2014



ನಂಜಯ್ಯ  
Nanjaiah  
ಜನ್ಮ ದಿನಾಂಕ/DOB: 01/01/1966  
ಪುರುಷ/ MALE

ಆಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯಾಗಿದೆ, ಪೌರತ್ವ ಅಥವಾ ಜನ್ಮ ದಿನಾಂಕದ ಪುರಾವೆ  
ಅಲ್ಲ. ಇದನ್ನು ಆನ್‌ಲೈನ್ ದೃಢೀಕರಣ ಅಥವಾ QR ಕೋಡ್ / ಆಫ್‌ಲೈನ್ XML  
ಸ್ಕ್ಯಾನ್‌ಗ್‌ನೊಂದಿಗೆ 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)

4803 2217 9590

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



**national  
health  
authority**

**Ayushman Bharat Health Account (ABHA)**

**आयुष्मान भारत स्वास्थ्य खाता (आभा)**



**Name/ ಹೆಸರು**

**Nanjaiah**

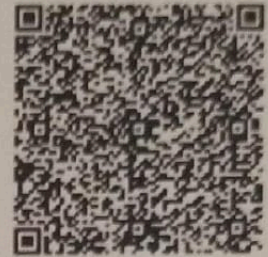
**ನಂಜಯ್ಯ**

**Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ**

**91-6387-0444-6118**

**Abha Address/ ಅಭಾ ವಿಳಾಸ**

**nanjaiah4761@abdm**



**Gender/ ಲಿಂಗ**

**Male / ಗಂಡು**

**Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ**

**01-01-1966**

**Mobile/ ಮೊಬೈಲ್**

**7022930722**



**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](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।