



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

S H I V A P P A

Middle Name

D E V A P P A

Last Name

K O L A K A R

B. Name (as per Aadhaar)

S H I V A P P A D E V A P P A K O L A K A R

2. Gender (select one)



Male



Female



Transgender

3. Date of Birth

0 1

0 6

1 9

8 5

4. Aadhaar Number

9 0 9 3 7 1 2 3 1 8 4 9

5. Residence Address

Flat/Door/Building

1

Road/Street/Block/Sector

N E A R S H A R A N A B A S A V E S H W A R

Post Office

K A L W A D

Area/Locality/Town/City

N A G A R A H A L L I , N A V A L G U N D

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

8 2 9 6 3 4 9 4 8 8

(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

D E V A P P A

Father's Middle Name

Father's Last Name

K O L A K A R



ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

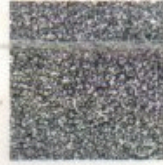
ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No. : 2763/20091/03305

14/08/2013
01733628

To
Shivappa Devappa Kolakar
ಶಿವಪ್ಪ ದೇವಪ್ಪ ಕೋಲಕಾರ
C/O Devappa Kolakar,
Near Sharanabasaveshwar Gudi,
Taluka Navalgund,
VTC: NAGARAHALLI, PO: Kalwad,
Sub District: Navalgund, District: Dharwad,
State: Karnataka, PIN Code: 582208,
Mobile: 8296349488



KF017336281FI



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

9093 7123 1849

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India



ಶಿವಪ್ಪ ದೇವಪ್ಪ ಕೋಲಕಾರ
Shivappa Devappa Kolakar
ಜನ್ಮ ದಿನಾಂಕ / DOB: 01/06/1985
ಪುರುಷ / Male

14/08/2013

9093 7123 1849

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



Name/ ಹೆಸರು

Shivappa Devappa Kolakar

ಶಿವಪ್ಪ ದೇವಪ್ಪ ಕೋಲಕಾರ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

91-2533-3260-5174

Abha Address/ ಅಭಾ ವಿಳಾಸ

91253332605174@abdm

Gender/ ಲಿಂಗ

Male / ಗಂಡು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ

01-06-1985

Mobile/ ಮೊಬೈಲ್

8296349488**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।
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यदि यह कार्ड खो जाता है तो कृपया इसे www.abha.abdm.gov.in से डाउनलोड करें, यह डिजिटल रूप से स्वीकार्य है।