



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

P A D M A V A T H I

B. Name (as per Aadhaar)

P A D M A V A T H I

2. Gender (select one)

Tick

Male

Tick

Female

Tick

Transgender

3. Date of Birth

0

1

0

1

1

9

9

2

4. Aadhaar Number

7

0

5

0

6

0

3

5

2

9

0

1

5. Residence Address

Flat/Door/Building

B E T T A D U R T A N D A

Road/Street/Block/Sector

B E T T A D U R

Post Office

K A P G A L

Area/Locality/Town/City

B E T T A D U R R A I C H U R K A P P A L

District

R A I C H U R

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5 8 4 1 1 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)

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

8

1

9

7

2

0

3

8

6

3

(ii) Email ID

raghunaik6261@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

K O T T A Y Y 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	4	2	1	(iv) AO No.	6	

[illegible][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

[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

☒ (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

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

PADMAVATHI

a. I, PADMAVATHI, 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 RAICHUR

Date.. 22/09/2026

১৯২

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

Name: PADMAVATHI

Designation: **AUTHORIZED PERSON**



ಭಾರತೀಯ ವಿಕಿಷ್ಣು ಗುರುತು ಪ್ರಾಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ

Unique Identification Authority of India

Government of India

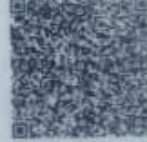
ನೋಂದಣಿ ಸಂಖ್ಯೆ / Enrolment No.: 1020/07718/01990

Download Date: 14/07/2017

To
ಪದ್ಮಾವತಿ
Padmavathi
W/O: Shivappa
bettadur
Bettadur
Raichur Kappal
Karnataka - 584118

Generation Date: 09/04/2014

Signature valid



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

7050 6035 2901

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ

Government of India



ಪದ್ಮಾವತಿ
Padmavathi
ಜನ್ಮ ದಿನಾಂಕ / DOB: 01/01/1992
ಲಿಂಗ / GENDER: FEMALE



7050 6035 2901

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



Name/ ಹೆಸರು

Padmavathi

ಪದ್ಮಾವತಿ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

91-7142-4806-2487

Abha Address/ ಅಭಾ ವಿಳಾಸ

91714248062487@abdm



Gender/ ಲಿಂಗ

Female / ಹೆಣ್ಣು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ

01-01-1992

Mobile/ ಮೊಬೈಲ್

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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।