



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

D Y A V A M M A

B. Name (as per Aadhaar)

D Y A V A M M A

2. Gender (select one)

☐

Male

☒

Female

☐

Transgender

3. Date of Birth

0

1

0

1

1

9

6

3

4. Aadhaar Number

4

7

8

3

3

7

5

2

7

3

9

5

5. Residence Address

Flat/Door/Building

C

/

O

L

I

N

G

A

Y

Y

A

Road/Street/Block/Sector

W

A

R

D

N

U

M

B

E

R

1

9

Post Office

Area/Locality/Town/City

H

A

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K

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L

A

K

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T

A

S

I

R

District

B

A

L

L

A

R

I

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

8

3

1

2

2

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

9

8

0

8

6

2

3

8

8

(ii) Email ID

k1ranganathn@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

Father's Middle Name

Father's Last Name

L

I

N

G

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	C	
	(iii) Range Code	4	2	1	(iv) AO No.	9	1

[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

SELF

a. I, _____, in the capacity of _____ (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: BALLARI

Date..22/09/2026



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

Name: DYAVAMMA

Designation: **AUTHORIZED PERSON**



Government of India



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ

Unique Identification Authority of India
Government of India

ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No.: 1190/08776/00259

To
ದಯಮ್ಮ
Dyavamma
W/O: Somalingappa
Ward Number 19
Halekote
Tekkalakota
Siruguppa Bellary
Karnataka 583122
9980862388

21/09/2013
38671805



MN386718050FT



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

4783 3752 7395

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ

ಮಾಹಿತಿ

- ಆಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯೇ ಹೊರತು ಪೌರತ್ವದಲ್ಲ .
- ನಿಮ್ಮ ಗುರುತನ್ನು ಸಾಬೀತುಪಡಿಸಲು, ಆನ್ ಲೈನ್ ಮೂಲಕ ದೃಢೀಕರಿಸಿ .

INFORMATION

- Aadhaar is proof of identity, not of citizenship .
- To establish identity, authenticate online .

- ಆಧಾರ್ ದೇಶದಾದ್ಯಂತ ಮಾನ್ಯತೆಯನ್ನು ಪಡೆದಿದೆ .
- ಭವಿಷ್ಯದಲ್ಲಿ, ಸರ್ಕಾರಿ ಹಾಗೂ ಸರ್ಕಾರೇತರ ಸೇವೆಗಳನ್ನು ಪಡೆಯಲು ಆಧಾರ್ ನಿಮಗೆ ಸಹಾಯಕವಾಗಲಿದೆ .
- Aadhaar is valid throughout the country .
- Aadhaar will be helpful in availing Government and Non-Government services in future .



ಭಾರತ ಸರ್ಕಾರ

Government of India

ದಯಮ್ಮ
Dyavamma
ಜನ್ಮ ದಿನಾಂಕ / DOB : 01/01/1963
ಸ್ತ್ರೀ / Female



4783 3752 7395

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

Unique Identification Authority of India

ವಿಳಾಸ:
W/O: ಸೋಮಲಿಂಗಪ್ಪ, ವಾರ್ಡ್ ನಂಬರ್
19, ಹಳೇಕೋಟೆ, ಬಳ್ಳಾರಿ, ತಕ್ಕಲಕೋಟೆ,
ಕರ್ನಾಟಕ, 583122

Address:
W/O: Somalingappa, Ward
Number 19, Halekote, Bellary,
Tekkalakota, Karnataka, 583122

4783 3752 7395

1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in



Name/ ಹೆಸರು

Dyavamma

ದಾವಮ್ಮ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

91-7188-3873-2441

Abha Address/ ಅಭಾ ವಿಳಾಸ

91718838732441@abdm



Gender/ ಲಿಂಗ
Female / ಹೆಣ್ಣು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ
01-01-1963

Mobile/ ಮೊಬೈಲ್
9980862388

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।