

**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 H A N U S H

B. Name (as per Aadhaar)

D H A N U S H

2. Gender (select one)

Male



Female



Transgender

3. Date of Birth

1

1

0

2

2

0

0

8

4. Aadhaar Number

6

4

2

2

0

4

4

5

3

0

8

1

5. Residence Address

Flat/Door/Building

H

A

S

S

A

N

O

L

D

B

U

S

S

T

A

N

D

Road/Street/Block/Sector

T

H

O

S

H

I

T

H

A

M

O

B

I

L

E

S

A

L

E

S

Post Office

H

A

S

S

A

N

Area/Locality/Town/City

H

A

S

S

A

N

District

H

A

S

S

A

N

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

7

3

2

0

1

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

6

8

6

0

2

9

8

1

0

(ii) Email ID

hamamatha63@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

J

A

G

A

D

E

E

S

H

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

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							

[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

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

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Phamurh

Designation: **AUTHORIZED PERSON**



ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 4050/52025/00128

To
ಧನುಷ್
Dhanush
S/O: Jagadeesha,
Shanthigrama Hobli,
Sriramanagara,
VTC: Sathenahalli,
PO: Sathenahalli,
Sub District: Alur,
District: Hassan,
State: Karnataka,
PIN Code: 573212,
Mobile: 9686029810



Signature valid

Digitally signed by Dhanush
Unique Identification Authority of India
Date: 2024.08.12 12:43:12
GMT+05:30

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

6422 0445 3081

VID : 9156 9134 9220 8091

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India

Aadhaar no. Issued: 30/07/2015



ಧನುಷ್
Dhanush
ಜನ್ಮ ದಿನಾಂಕ/DOB: 11/02/2008
ಪುರುಷ/ MALE

ಆಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯಾಗಿದೆ, ಜೊತೆಗೆ ಅಭಿವಾಜನ ದಿನಾಂಕದ ಪುರಾವೆ
ಅಲ್ಲ. ಇದನ್ನು ಆನ್‌ಲೈನ್ ದೃಢೀಕರಣ ಅಥವಾ ೧೨ ಕೋಡ್ / ಆಫ್‌ಲೈನ್ XML
ಸಹಿ ನಿರ್ಗಮನದೊಂದಿಗೆ 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)

6422 0445 3081



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



Name/ कऱुतु

Dhanush

धनुष

Abha Number/ अभा नुडर

91-5837-2557-1686

Abha Address/ अभा वऱुतु

91583725571686@abdm



Gender/ लऱुतु
Male / नर

Date Of Birth/ कुतुडुतु डऱुतु
11-02-2008

Mobile/ डुतुडुतु
9480942810



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 एंटीक्यूड 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।