



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

L A K S H M I

## B. Name (as per Aadhaar)

L A K S H M I

## 2. Gender (select one)

Tick

Male

Tick

Female

Tick

Transgender

## 3. Date of Birth

0

1

0

6

1

9

8

9

## 4. Aadhaar Number

5

0

6

2

7

6

3

5

8

1

2

6

## 5. Residence Address

Flat/Door/Building

C

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B

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K

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M

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N

A

Road/Street/Block/Sector

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Post Office

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Area/Locality/Town/City

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A

District

B

A

L

L

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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)

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

9

9

0

1

8

7

0

2

8

2

(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)

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

B

E

N

K

I

Father's Middle Name

Father's Last Name

R

A

M

A

N

N

A

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

[illegible]

18. Permanent Account Number (if any) 

|  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|

[illegible]

20. Representative Assessee Address

[illegible]

## 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

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

|  |
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a. I, LAKSHMI, 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. BALLARI

Date. 23/09/2026

ପୃଷ୍ଠ

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

Name: LAKSHMI

Designation: **AUTHORIZED PERSON**



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ

Unique Identification Authority of India  
Government of India

ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No.: 1190/08762/06497

To  
ಲಕ್ಷ್ಮಿ  
Lakshmi  
W/O: Huleppa  
19th ward  
tekkalakote town, devinagara  
Halekote  
Tekkalakota  
Siruguppa Bellary  
Karnataka 583122  
9901870282  
108179088  
17/01/2014  
ML081790880FT



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

**5062 7635 8126**

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



ಭಾರತ ಸರ್ಕಾರ  
Government of India



ಲಕ್ಷ್ಮಿ  
Lakshmi  
ಜನ್ಮ ದಿನಾಂಕ / DOB : 01/06/1989  
ಸ್ತ್ರೀ / Female



**5062 7635 8126**

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



Government of India



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 .



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

Unique Identification Authority of India

ವಿಳಾಸ:  
W/O: ಹುಲೇಪ್ಪ, 19ನೇ ವಾರ್ಡ್,  
ತೆಕ್ಕಲಕೋಟೆ ಪಟ್ಟಣ, ದೇವಿನಗರ,  
ಹಲೇಕೋಟೆ, ತೆಕ್ಕಲಕೋಟೆ, ಬೆಲ್ಲಾರಿ,  
ಸಿರುಗುಪ್ಪಾ, ಕರ್ನಾಟಕ, 583122

Address:  
W/O: Huleppa, 19th ward,  
tekkalakote town, devinagara,  
Halekote, Tekkalakota, Bellary,  
Siruguppa, Karnataka, 583122

**5062 7635 8126**

1947  
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in



Name/ ಹೆಸರು

Lakshmi

ಲಕ್ಷ್ಮಿ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

91-5311-3332-7746

Abha Address/ ಅಭಾ ವಿಳಾಸ

lakshmi\_0619891@abdm



Gender/ ಲಿಂಗ  
Female / ಹೆಣ್ಣು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ  
01-06-1989

Mobile/ ಮೊಬೈಲ್  
9901870282

#### 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।