



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

A

A

D

H

I

Middle Name

Last Name

L

A

K

S

H

M

A

N

B. Name (as per Aadhaar)

A

A

D

H

I

L

A

K

S

H

M

A

N

2. Gender (select one)

☒

Male

☐

Female

☐

Transgender

3. Date of Birth

0

8

0

9

2

0

0

7

4. Aadhaar Number

7

6

7

5

5

2

6

5

3

4

2

7

5. Residence Address

Flat/Door/Building

C

H

I

K

K

A

B

O

O

V

A

N

A

L

H

A

L

L

I

Road/Street/Block/Sector

C

H

I

K

K

A

B

O

O

V

A

N

A

L

H

A

L

L

I

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

5

9

1

8

4

8

7

2

9

(ii) Email ID

colorsnetzone@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

L

A

K

S

H

M

I

S

H

A

Father's Middle Name

C

H

I

K

K

A

B

O

O

V

A

N

A

H

A

L

L

I

Father's Last Name

S

H

I

V

A

N

A

N

J

E

G

O

W

D

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

[illegible][illegible][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 **HASSAN**

Date.. 24/09/2026

Adi Lazman

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

Name: AADHI LAKSHMAN

Designation: **AUTHORIZED PERSON**



ಭಾರತ ಸರ್ಕಾರ
Government of India



ಆಧಿ ಲಕ್ಷ್ಮಣ್

Aadhi Lakshman

ಜನ್ಮ ದಿನಾಂಕ/DOB: 08/09/2007

ಪುರುಷ/ MALE

ಆಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯಾಗಿದೆ, ಪೌರತ್ವ ಅಥವಾ ಜನ್ಮ ದಿನಾಂಕದ ಪುರಾವೆ ಅಲ್ಲ. ಇದನ್ನು ಆನ್‌ಲೈನ್ ದೃಢೀಕರಣ ಅಥವಾ QR ಕೋಡ್ / ಆಫ್‌ಲೈನ್ XML ಸ್ಕ್ಯಾನ್‌ನೊಂದಿಗೆ 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)

7675 5265 3427

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

Unique Identification Authority of India



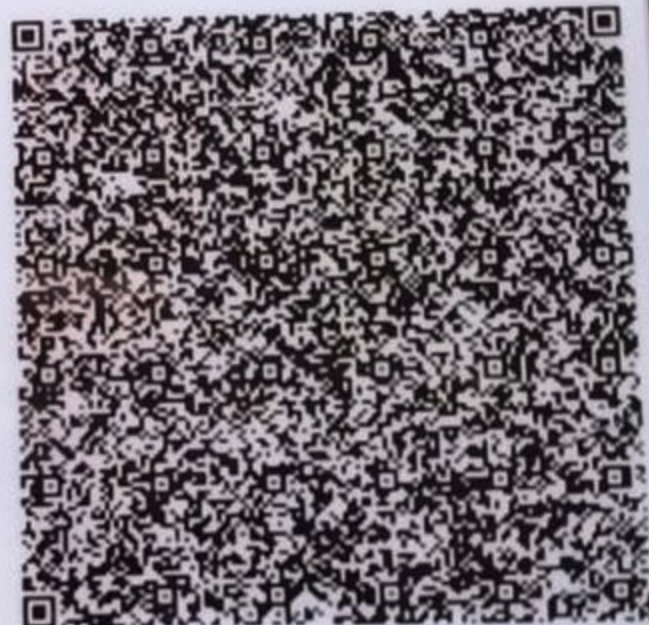
Details as on: 29/05/2026

ವಿಳಾಸ:

ತಂದೆ / ತಾಯಿಯ ಹೆಸರು: ಲಕ್ಷ್ಮಿಶ ಸಿ ಎಸ್, ಚಿಕ್ಕಬೂವನಹಳ್ಳಿ,
ಹಾಸನ, ಹಾಸನ, ಹಾಸನ,
ಕರ್ನಾಟಕ - 573201

Address:

S/O: Lakshmisha C S, Chikkaboovanahalli, Hassan,
PO: Hassan, DIST: Hassan,
Karnataka - 573201



7675 5265 3427

VID : 9114 5390 1872 3276

☎ 1947

✉ help@uidai.gov.in

🌐 www.uidai.gov.in



Name/ ಹೆಸರು

Aadhi Lakshman

ಆಧಿ ಲಕ್ಷ್ಮಣ್

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

91-2158-5663-1530

Abha Address/ ಅಭಾ ವಿಳಾಸ

lakshmanaadhi09@abdm



Gender/ ಲಿಂಗ
Male / ಗಂಡು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ
08-09-2007

Mobile/ ಮೊಬೈಲ್
9591848729

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।