

**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

S U H A N A

Middle Name

Last Name

B E G A M

B. Name (as per Aadhaar)

S U H A N A

B E G A M

2. Gender (select one)☐ Tick

Male

☒ Tick

Female

☐ Tick

Transgender

3. Date of Birth

1

2

0

1

2

0

0

7

4. Aadhaar Number

6

0

0

9

7

2

7

7

5

1

5

9

5. Residence Address

Flat/Door/Building

1

1

3

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Road/Street/Block/Sector

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Area/Locality/Town/City

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District

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L

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

6

0

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7

7

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

7

7

3

9

1

9

8

2

6

7

(ii) Email ID

ff3495014@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

G

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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

a. I, SUHANA BEGAM, 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. BENGALURU RURAL

Date..27/09/2026

SUHANA

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

Name: SUHANA BEGAM

Designation: **AUTHORIZED PERSON**



भारत सरकार
Government of India



भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 4046/01525/15069

To

सुहाना बेगम

Suhana Begam

D/O Shah Gaisul,

Village - Dumaria,

Panchayat - Barhkumba,

Ward No - 03,

VTC: Domaria,

PO: Tarbi,

Sub District: Palasi,

District: Araria,

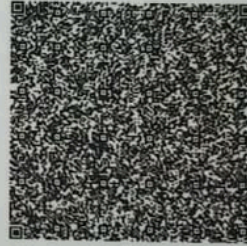
State: Bihar,

PIN Code: 854329

Mobile: 7739198267

Signature valid

Digitally signed by Unique
Identification Authority of India
06
Date: 2026.09.20 20:11:03
IST



आपका **आधार** क्रमांक / Your **Aadhaar** No. :

6009 7277 5159

VID : 9143 6286 0834 6474

मेरा **आधार**, मेरी पहचान



भारत सरकार

Government of India



Aadhaar no. issued: 27/04/2015



सुहाना बेगम

Suhana Begam

जन्म तिथि/DOB: 12/01/2007

महिला/ FEMALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।

इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/ ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।

Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

6009 7277 5159

मेरा **आधार**, मेरी पहचान



Name/ नाम

Suhana Begam

सुहाना बेगम

Abha Number/ आभा-संख्या

91-2248-2823-2849

Abha Address/ आभा पता

suhana.begam3992@abdm



Gender/ लिंग

Female / महिला

Date Of Birth/ जन्मतिथि

12-01-2007

Mobile/ मोबाइल

7739198267

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।