

**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

P

O

O

J

A

Middle Name

Last Name

R

A

I

K

W

A

R

B. Name (as per Aadhaar)

P

O

O

J

A

R

A

I

K

W

A

R

2. Gender (select one)☐ Tick

Male

☒ Tick

Female

☐ Tick

Transgender

3. Date of Birth

1

4

0

1

2

0

0

0

0

4. Aadhaar Number

3

3

0

4

7

7

1

5

6

2

7

7

5. Residence Address

Flat/Door/Building

C

/

O

J

A

G

D

I

S

H

Road/Street/Block/Sector

1

,

G

R

E

E

N

G

A

R

D

E

N

P

H

A

S

E

2

Post Office

C

H

O

K

K

A

N

A

H

A

L

L

I

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Area/Locality/Town/City

S

R

I

B

A

L

A

J

I

K

R

U

P

A

L

A

Y

O

U

District

B

E

N

G

A

L

U

R

U

R

U

R

A

L

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

6

0

0

6

4

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

3

8

9

4

5

4

1

9

0

(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

J

A

G

D

I

S

H

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]

20. Representative Assessee Address

Flat/Door/Bldg																				
Road/Street/Block/Sector																				
Post Office																				
Area/Locality/Town/City																				
District																				
State/Union Territory					Country/Region								PIN / ZIP CODE							

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

POOJA RAIKWAR

a. I, POOJA RAIKWAR, 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

$$\frac{y_{121}}{22012}$$

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

Name: POOJA RAIKWAR

Designation: **AUTHORIZED PERSON**



भारत सरकार
Government of India



Download Date: 30/05/2023



पूजा रैकवार
Pooja Raikwar
जन्म तिथि / DOB : 14/01/2000
महिला / FEMALE

Issue Date: 30/04/2023

3304 7715 6277

मेरा **आधार**, मेरी पहचान



**national
health
authority**

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



Name/ नाम

Pooja Raikwar

पूजा रैकवार

Abha Number/ आभा-संख्या

91-5572-0254-4655

Abha Address/ आभा पता

pooja.raikwar5503@abdm



Gender/ लिंग

Female / महिला

Date Of Birth/ जन्मतिथि

14-01-2000

Mobile/ मोबाइल

7389454190



**national
health
authority**

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

