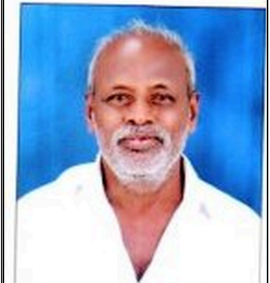


Application for Allotment of Permanent Account Number

[For an Individual being a Citizen of India]



Sr. No.		PART A - Personal Information																											
1. A. Name																													
First Name		E D I G A R A																											
Middle Name																													
Last Name		C H I D A N A N D A P P A																											
B. Name (as per Aadhaar)																													
		E D I G A R A C H I D A N A N D A P P A																											
2. Gender (select one)		☒ Male ☐ Female ☐ Transgender																											
3. Date of Birth		0 1 0 1 1 9 6 1																											
4. Aadhaar Number		2 0 6 3 9 5 3 7 8 8 8 8																											
5. Residence Address																													
Flat/Door/Building		H N O 1 7 0																											
Road/Street/Block/Sector		E D I G A R A O N I																											
Post Office		M U S T A G A T T A																											
Area/Locality/Town/City		K Y A D I G E H A L																											
District		B A L L A R I																											
State/Union Territory		KARNATAKA Country/Region INDIA PIN / ZIP CODE 5 8 3 1 1 6																											
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 7 4 3 5 6 0 3 9 4																											
(ii) Email ID		goudamanjunath914@gmail.com																											
(iii) Landline No. with STD Code (if any)		STD Code Landline Number																											

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

12. Whether mother/father is a single parent? (select one) ☐ Tick Yes ☒ Tick No

[illegible]

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	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

EDIGARA CHIDANANDAPPA

a. I, EDIGARA CHIDANANDAPPA, 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..28/09/2026

ఈ కేదానందమ్

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

Name: EDIGARA CHIDANANDAPPA

Designation: **AUTHORIZED PERSON**



भारत सरकार
Government of India



ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: S138/00120/87190

To
ಈಡಿಗರ ಚಿದಾನಂದಪ್ಪ
Edigara Chidanandappa
S/O: Eranna,
h no 170,
edigara onli,
VTC: Kyadigehal,
PO: Mustagana,
Sub District: Hagaribommanahalli,
District: Bellary,
State: Karnataka,
PIN Code: 583116
Mobile: 9743560394

Signature valid

Digitally signed by Edigara Chidanandappa
DN: cn=Edigara Chidanandappa, o=Unique Identification Authority of India, c=IN



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

2063 9539 7888

VID : 9152 9950 3683 3518

ನನ್ನ ಆಧಾರ್. ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India

Aadhaar no. Issued: 31/10/2013



ಈಡಿಗರ ಚಿದಾನಂದಪ್ಪ
Edigara Chidanandappa
ಜನ್ಮ ದಿನಾಂಕ/DOB: 01/01/1961
ಪುರುಷ/ MALE

ಆಧಾರ್ ಗುರುತಿನ ಪ್ರಮಾಣವಾಗಿದೆ. ಪೌರತ್ವ ಅಥವಾ ದಿನಾಂಕದ ಪ್ರಮಾಣ ಅಲ್ಲ. ಇದನ್ನು ಅನ್ವೇಷಣೆ ಮತ್ತು ದೃಢೀಕರಣ ಅಥವಾ ಒನ್ ಲೈನ್ / ಆಫ್ ಲೈನ್ XML ಸ್ಕ್ಯಾನಿಂಗ್ ಮೂಲಕ 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)

2063 9539 7888

ನನ್ನ ಆಧಾರ್. ನನ್ನ ಗುರುತು

**Name/ ಹೆಸರು****Edigara Chidanandappa****ಈಡಿಗರ ಚಿದಾನಂದಪ್ಪ****Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ****91-4718-1762-2874****Abha Address/ ಅಭಾ ವಿಳಾಸ****91471817622874@abdm****Gender/ ಲಿಂಗ**
Male / ಗಂಡು**Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ**
01-01-1961**Mobile/ ಮೊಬೈಲ್**
9743560394**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।