

**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

H

A

M

M

A

D

Middle Name

B

E

E

T

I

B

A

N

E

Last Name

A

N

D

U

B. Name (as per Aadhaar)

A

H

A

M

M

A

D

B

A

2. Gender (select one)☒

Male

☐

Female

☐

Transgender

3. Date of Birth

0

4

0

1

1

9

8

2

4. Aadhaar Number

7

0

0

7

4

9

4

9

6

8

9

1

5. Residence Address

Flat/Door/Building

C

/

O

A

N

D

U

B

E

E

T

I

B

A

N

E

Road/Street/Block/Sector

H

O

D

A

V

A

D

A

Post Office

H

O

D

A

V

A

D

A

Area/Locality/Town/City

H

O

D

A

V

A

D

A

District

K

O

D

A

G

U

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

7

1

2

1

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)☒

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

4

8

2

4

5

5

1

0

5

(ii) Email ID

afreedmh1997@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

A

N

D

U

Father's Middle Name

Father's Last Name

B

E

E

T

I

B

A

N

E

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

20. Representative Assessee Address	
Flat/Door/Building	
Road/Street/Block/Sector	
Post Office	
Area/Locality/Town/City	
District	
State/Union Territory	Country/Region PIN / ZIP CODE

[illegible]

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

Designation: **AUTHORIZED PERSON**



सत्यमेव जयते
भारत सरकार



ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ Enrolment No.: 0804/71218/00894

To
ಅಹಮ್ಮದ್ ಬಿ ಎ
Ahammad B A
S/O: Andu B,
Madikeri Taluk,
VTC: Hodavada,
PO: Hodavada,
Sub District: Madikeri,
District: Kodagu,
State: Karnataka,
PIN Code: 571214,
Mobile: 9482455105



Signature valid

Digitally signed by Unique
Identification Authority of India
05
Date: 2024.05.24 13:15:42
GMT+05:30

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

7007 4949 6891

VID : 9104 9510 5988 2820

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India

Aadhaar no. issued: 12/05/2013



ಅಹಮ್ಮದ್ ಬಿ ಎ
Ahammad B A
ಜನ್ಮ ದಿನಾಂಕ/DOB: 04/01/1982
ಪುರುಷ/ MALE

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

7007 4949 6891

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



Name/ ಹೆಸರು

Ahammad B A

ಅಹಮ್ಮದ್ ಬಿ ಎ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

91-7748-5206-4658

Abha Address/ ಅಭಾ ವಿಳಾಸ

91774852064658@abdm



Gender/ ಲಿಂಗ
Male / ಗಂಡು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ
04-01-1982

Mobile/ ಮೊಬೈಲ್
9482455105

Instructions

Toll-Free Number: 1800 114 477

- With this ABHA you have become a part of India's digital health ecosystem.
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- 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।
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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।