



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

U S H A

Middle Name

Last Name

B H E E M A R A Y A

B. Name (as per Aadhaar)

U S H A

B

2. Gender (select one)

☐ Tick

Male

☒ Tick

Female

☐ Tick

Transgender

3. Date of Birth

2 0

1 2

2 0 0 8

4. Aadhaar Number

3 6 7 1 0 9 1 4 4 7 8 6

5. Residence Address

Flat/Door/Building

3 3 , 3 4 , N A R A Y A N A E T E C H N

Road/Street/Block/Sector

3 3 , 3 4 , N A R A Y A N A E T E C H N

Post Office

E L A H A N K A N E W T O W N ,

Area/Locality/Town/City

D O D D A B E T T A H A L L I , K A V E R I

District

B E N G A L U R U U R B A N

State/Union Territory

K A R N A T A K A

Country/Region

I N D I A

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

8 7 9 2 0 3 3 4 1 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

B H E E M A R A Y A

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]

18. Permanent Account Number (if any)

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19. Aadhaar Number (if Permanent Account Number is not available)	7	3	9	8	5	8	9	3	7	5	7	4
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20. Representative Assessee Address

Flat/Door/Building	3	3	,		3	4	,		N	A	R	A	Y	A	N	A		E		T	E	C	H	N						
Road/Street/Block/Sector	3	3	,		3	4	,		N	A	R	A	Y	A	N	A		E		T	E	C	H	N						
Post Office	D	O	D	D	A	B	E	T	T	A	H	A	L	L	I	,		K	A	V	E	R	I							
Area/Locality/Town/City	D	O	D	D	A	B	E	T	T	A	H	A	L	L	I	,		K	A	V	E	R	I							
District	B	E	N	G	A	L	U	R	U		U	R	B	A	N															
State/Union Territory	KARNATAKA				Country/Region				INDIA				PIN / ZIP CODE				5				6		0		0		6		4	

21. Contact Details

[illegible]

22. Address for Communication (select one) ☐ Tick Residence Address ☒ Tick Representative Assessee Address ☐ Tick 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

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USHA B

a. I,, in the capacity of **REPRESENTATIVE ASSESSEE** (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 URBAN**

Date. **28/09/2026**

usha, B

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

Name: USHA B

Designation: REPRESENTATIVE ASSESSEE

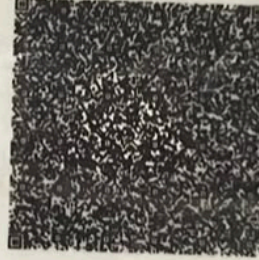


ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ / Enrolment No.: 4050/00167/04299

To
ಉಷಾ ಬಿ
Usha B
D/O: Bheemaraya,
#90,
Ward No-3,
Doddabettahalli,
VTC: Bangalore North,
PO: Vidyaranyapura,
Sub District: Bangalore North,
District: Bangalore,
State: Karnataka,
PIN Code: 560097,
Mobile: 8792033410



Signature valid

Digitally signed by Unique
Identification Authority of India
on
Date: 2024.10.10 15:06:18
GMT+05:30

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

3671 0914 4786

VID : 9112 7367 1260 8687

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India

Aadhaar no. issued: 19/08/2015



ಉಷಾ ಬಿ
Usha B
ಜನ್ಮ ದಿನಾಂಕ/DOB: 20/12/2008
ಸ್ತ್ರೀ/FEMALE

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)

3671 0914 4786

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



**national
health
authority**

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



Name/ ಹೆಸರು

Usha B

ಉಷಾ ಬಿ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

91-3405-5768-4404

Abha Address/ ಅಭಾ ವಿಳಾಸ

usha.b1874@abdm



Gender/ ಲಿಂಗ
Female / ಹೆಣ್ಣು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ
20-12-2008

Mobile/ ಮೊಬೈಲ್
8792033410



**national
health
authority**

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





ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ
Unique Identification Authority of India
Government of India

ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No 1427/30116/11749

To,
ಬೀಮರಾಯ
Bheemaraya
S/O: Mallappa
Haligere Haligere
Belgera
Ramasamudra Yadgir Yadgir
Karnataka 585321
9980690058

Ref: 37255 / 07D / 4601531 / 4601588 / P



SE628621332FT



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

7398 5893 7574

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



ಭಾರತ ಸರ್ಕಾರ
Government of India



ಬೀಮರಾಯ
Bheemaraya
ಜನ್ಮ ದಿನಾಂಕ / DOB : 01/01/1977
ಪುರುಷ / Male



7398 5893 7574

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ