

**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 Y E D A

Middle Name

U Z M A

Last Name

A M R E E N

B. Name (as per Aadhaar)

S Y E D A U Z M A A M R E E N

2. Gender (select one)☐ Tick

Male

☒ Tick

Female

☐ Tick

Transgender

3. Date of Birth

0 6 0 6 1 9 9 9

4. Aadhaar Number

6 5 1 3 9 2 0 9 1 8 8 2

5. Residence Address

Flat/Door/Building

C / O S A I Y A D S A M E E R P A S H A ,

Road/Street/Block/Sector

R A G H A V E N D R A C O L O N Y

Post Office

K E M B H A V I

Area/Locality/Town/City

K E M B H A V I

District

Y A D G I R

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5 8 5 2 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)☒ 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 4 0 6 2 8 7 8 8 7

(ii) Email ID

subhan0204s@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

S Y E D

Father's Middle Name

N A Y E E M U D D I N

Father's Last Name

Q U A D R I

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	4	2	1	(iv) AO No.	5	

[illegible]

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							

21. Contact Details									
(i) Mobile Number	Country Code				Mobile Number				
(ii) Email ID									
(iii) Landline No. with STD Code (if any)	STD Code				Landline Number				

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 and Representative Assessee

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

SYEDA UZMA AMREEN

a. I,, in the capacity ofSELF.....(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..YADGIR

Date..29/09/2026

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

Name: _____ SYEDA UZMA AMREEN

Designation: _____ AUTHORIZED PERSON



ಭಾರತ ಸರ್ಕಾರ
Government of India

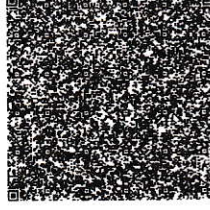
ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 0000/00350/99831

To
ಸಯಿದ ಉಜಮಾ ಅಂರೀನ
Syeda Uzma Amreen
C/O Saiyad Sameer Pasha,
19-17,
raghavendra calony,
VTC: Kembhavi,
PO: Kembhavi,
Sub District: Shorapur,
District: Yadgir,
State: Karnataka,
PIN Code: 585216,
Mobile: 7406287887

Signature valid

Digitally signed by Syeda Uzma Amreen, Unique Identification Authority of India
DN: cn=Syeda Uzma Amreen, o=Unique Identification Authority of India, email=Syeda Uzma Amreen@uidai.gov.in, c=IN
Date: 2008.06.06 13:36:12
IST



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :
6513 9209 1882
VID : 9128 5854 8011 2357

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India

Aadhaar no. issued: 26/03/2012



ಸಯಿದ ಉಜಮಾ ಅಂರೀನ
Syeda Uzma Amreen
ಜನ್ಮ ದಿನಾಂಕ/DOB: 06/06/1999
ಸ್ತ್ರೀ/FEMALE

ಆಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯಾಗಿದೆ, ಪೌರತ್ವ ಅಥವಾ ಜನ್ಮ ದಿನಾಂಕದ ಪುರಾವೆ ಅಲ್ಲ. ಇದನ್ನು ಆನ್‌ಲೈನ್ ದೃಢೀಕರಣ ಅಥವಾ ೦೩ ಕೋಡ್ / ಆಫ್‌ಲೈನ್ XML ಸಹಿ ನೋಂದಿಗೆ 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)

6513 9209 1882

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



**national
health
authority**

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



Name/ ಹೆಸರು

Syeda Uzma Amreen

ಸಯಿದ ಉಜಮಾ ಅಂರೀನ್

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

91-7605-5167-7007

Abha Address/ ಅಭಾ ವಿಳಾಸ

91760551677007@abdm



Gender/ ಲಿಂಗ
Female / ಹೆಣ್ಣು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ
06-06-1999

Mobile/ ಮೊಬೈಲ್
7406287887



**national
health
authority**

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



Instructions

Toll-Free Number: 1800 114 477

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ಇಸ ಆಭಾ ಕೆ ಸಾಥ್ ಆಪ್ ಭಾರತ ಕೆ ಡಿಜಿಟಲ್ ಹೆಲ್ತ್ ಇಕೋಸಿಸ್ಟಮ್ ಕಾ ಹಿಸ್ಸಾ ಬನ್ ಗಯೆ ಹೈ।
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- 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.
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- If this card is lost kindly download it from www.abha.abdm.gov.in, it is digitally acceptable.
ಯದಿ ಯಹ್ ಕಾರ್ಡ್ ಖೊ ಜಾತಾ ಹೈ ತೊ ಕೃಪ್ಯಾ ಇಸೆ www.abha.abdm.gov.in ಸೆ ಡೌನ್‌ಲೋಡ್ ಕರೈ, ಯಹ್ ಡಿಜಿಟಲ್ ರೂಪ್ ಸೆ ಸ್ವೀಕಾರ್ಯ್ ಹೈ।