

**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

G E E T H A

Middle Name

Last Name

N A Y A K

B. Name (as per Aadhaar)

G E E T H A

N A Y A K

2. Gender (select one)☐ Tick

Male

☒ Tick

Female

☐ Tick

Transgender

3. Date of Birth

0 1

0 1

1 9 6 9

4. Aadhaar Number

2 4 3 4 3 8 1 4 3 7 9 0

5. Residence Address

Flat/Door/Building

4 - 2 6

P R A V E E N

N I L A Y A

Road/Street/Block/Sector

K A M P A

Post Office

K A V R A D I

Area/Locality/Town/City

K U N D A P U R A T A L U K

District

U D U P I

State/Union Territory

KARNATAKA

Country/Region

I N D I A

PIN / ZIP CODE

5 7 6 2 1 1

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

9 5 3 5 5 6 3 1 2 5

(ii) Email ID

kavradygamaone@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

B A B U

Father's Middle Name

Father's Last Name

R A O

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	5	3	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]

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

☒ (i) Proof of Identity ☒ (ii) Proof of Address ☒ (iii) Proof of Date of Birth

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



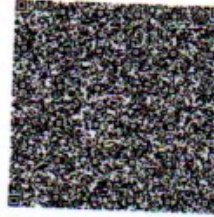
ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ / Enrolment No.: 0000/00634/13375

To
ಗೀತಾ ನಾಯಕ್
Geetha Nayak
W/o Krishna Nayak,
4-26 Praveena Nilaya,
Kampa,
Kundapura Taluk,
Post Kavradu,
VTC: Kavradu,
PO: Kavradu,
District: Udupi,
State: Karnataka,
PIN Code: 576211
Mobile: 9535563125

Signature valid
Digitally signed by Geetha Nayak
DN: cn=Geetha Nayak, o=Unique
Identification Authority of India,
c=IN



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :
2434 3814 3790
VID : 9156 9336 1584 1261

ನನ್ನ ಆಧಾರ್. ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India



ಗೀತಾ ನಾಯಕ್
Geetha Nayak
ಜನ್ಮ ದಿನಾಂಕ/DOB: 01/01/1969
ಸ್ತ್ರೀ / FEMALE

ಆಧಾರ್ ಗುರುತಿನ ಪ್ರಮಾಣವಾಗಿದೆ, ಅದರಲ್ಲಿ ಆಧಾರ್ ಸಂಖ್ಯೆ ದಿನಾಂಕದ ಪ್ರಮಾಣ
ಇಲ್ಲ. ಇದನ್ನು ಆಧಾರ್ ಸಂಖ್ಯೆ ಮತ್ತು ಜನ್ಮ ದಿನಾಂಕದ ಮೇಲೆ / ಆಧಾರ್ ಸಂಖ್ಯೆ ಮತ್ತು
ಜನ್ಮ ದಿನಾಂಕದ ಮೇಲೆ ಮಾತ್ರ ಬಳಸಬಹುದು.
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.)

2434 3814 3790

ನನ್ನ ಆಧಾರ್. ನನ್ನ ಗುರುತು

Aadhaar no. Issued: 27/08/2012



**national
health
authority**

Ayushman Bharat Health Account (ABHA)

आयुष्मान भारत स्वास्थ्य खाता (आभा)



Name/ ಹೆಸರು

Geetha Nayak

ಗೀತಾ ನಾಯಕ್

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

67-7614-7705-4263

Abha Address/ ಅಭಾ ವಿಳಾಸ

67761477054263@abdm



Gender/ ಲಿಂಗ

Female / ಹೆಣ್ಣು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ

01-01-1969

Mobile/ ಮೊಬೈಲ್

9535563125



**national
health
authority**

Ayushman Bharat Health Account (ABHA)

आयुष्मान भारत स्वास्थ्य खाता (आभा)



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।