

**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 A T H Y A

Middle Name

Last Name

A Y I L I

B. Name (as per Aadhaar)

S A T H Y A

A Y I L I

2. Gender (select one)☐ Tick

Male

☒ Tick

Female

☐ Tick

Transgender

3. Date of Birth

2

8

0

6

1

9

9

2

4. Aadhaar Number

6

9

4

5

1

3

1

1

6

0

3

6

5. Residence Address

Flat/Door/Building

3

-

1

5

5

Road/Street/Block/Sector

1

2

3

4

B

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C

K

S

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M

A

D

H

A

V

A

R

Post Office

J

E

G

U

R

U

P

A

D

U

Area/Locality/Town/City

J

E

G

U

R

U

P

A

D

U

District

E

A

S

T

G

O

D

A

V

A

R

I

State/Union Territory

ANDHRA

PRADE

Country/Region

I N D I A

PIN / ZIP CODE

5

3

3

1

2

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

6

3

6

2

7

4

4

9

9

8

(ii) Email ID

raghunaik6261@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

V

E

N

K

A

T

E

S

H

W

A

R

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	4	2	1	(iv) AO No.	6	

18. Permanent Account Number (if any)

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State/Union Territory Country/Region PIN / ZIP CODE

(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 of Representative Assessee

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

a. I, SATHYA AYILI, 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. EAST GODAVARI

Date..06/10/2026

A. Satya

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

Name: SATHYA AYILI

Designation: **AUTHORIZED PERSON**



భారత ప్రభుత్వం
Government of India

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India

రిజిస్ట్రేషన్/ Enrolment No.: S134/56253/39640

To

శత్రీయ అయిలి

Sathya Ayili

C/O Ayili Govindu,

3-155,

1 2 3 4 Blocks,

Madhavarayudu Palem,

Kadiam Mandalam,

VTC: Jegunupadu,

PO: Jegunupadu,

Suh District: Kadiam,

District: East Godavari,

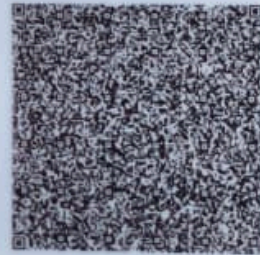
State: Andhra Pradesh,

PIN Code: 533126

Mobile: 6362744998

Signature valid

Digitally signed by Unique
Identification Authority of India
DN:
Date: 2020.06.28 10:55:10
IST



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

6945 1311 6036

VID : 9151 2754 2765 2195



భారత ప్రభుత్వం

Government of India



Aadhaar no. Issued: 22/04/2012



శత్రీయ అయిలి

Sathya Ayili

పుట్టిన తేదీ/DOB: 28/06/1992

స్త్రీ/ FEMALE

ఆధార్ అనేది గుర్తింపు రుజువు మాత్రమే, పౌరసత్వం లేదా పుట్టిన తేదీ కి కాదు. ఇది ధృవీకరణతో మాత్రమే ఉపయోగించాలి (ఆన్‌లైన్ వైఫికేషన్ లేదా QR కోడ్ / ఆఫ్‌లైన్ XML యొక్క స్కానింగ్).

Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

6945 1311 6036

నా ఆధార్, నా గుర్తింపు



Name/ పేరు

Sathya Ayili

சத்திய அயிலி

Abha Number/ ఆభా నెంబరు

68-5840-1186-8140

Abha Address/ ఆభా చిరునామా

68584011868140@abdm



Gender/ లింగము
Female / ఆడ

Date Of Birth/ పుట్టిన తేదీ
28-06-1992

Mobile/ చరవాణి
6362744998

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।