

**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

Middle Name

Last Name

C H O U D A P P A

**B. Name (as per Aadhaar)**

C H O U D A P P A

**2. Gender (select one)**

Male



Female



Transgender

**3. Date of Birth**

0

1

0

1

1

9

8

8

**4. Aadhaar Number**

9

2

5

5

9

2

0

3

1

6

6

7

**5. Residence Address**

Flat/Door/Building

C

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P

P

A

J

A

M

A

D

A

R

Road/Street/Block/Sector

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K

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F

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J

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G

I

Post Office

A

R

J

U

N

A

G

I

Area/Locality/Town/City

District

K

A

L

A

B

U

R

A

G

I

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

8

5

2

3

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)**

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

6

6

3

2

2

2

9

3

1

(ii) Email ID

CHAVHANUTTAM555@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**

D

H

U

L

A

P

P

A

Father's Middle Name

Father's Last Name

J

A

M

A

D

A

R

15. Name of parent to be printed on Permanent Account Number card (select one) ☒ Father ☐ Mother

|                                           |                  |   |   |   |              |   |   |
|-------------------------------------------|------------------|---|---|---|--------------|---|---|
| 16. <b>Assessing Officer</b><br>(AO Code) | (i) Area Code    | K | A | R | (ii) AO Type | W |   |
|                                           | (iii) Range Code | 3 | 2 | 1 | (iv) AO No.  | 9 | 2 |

[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         | <input type="text"/> | <input type="text"/> | <input type="text"/> | Mobile Number   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| (ii) Email ID                             | <input type="text"/> |                      |                      |                      |                 |                      |                      |                      |                      |
| (iii) Landline No. with STD Code (if any) | STD Code             | <input type="text"/> | <input type="text"/> | <input type="text"/> | Landline Number | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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

|                                                           |                                                           |                                                                  |
|-----------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------------|
| <input checked="" type="checkbox"/> (i) Proof of Identity | <input checked="" type="checkbox"/> (ii) Proof of Address | <input checked="" type="checkbox"/> (iii) Proof of Date of Birth |
|-----------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------------|

24. Documents submitted as Proof of Identity, Proof of Address of Representative Assessee

|                               |                       |                               |                       |
|-------------------------------|-----------------------|-------------------------------|-----------------------|
| <input type="checkbox"/> Tick | (i) Proof of Identity | <input type="checkbox"/> Tick | (ii) Proof of Address |
|-------------------------------|-----------------------|-------------------------------|-----------------------|

CHoudappa

a. I, \_\_\_\_\_, in the capacity of \_\_\_\_\_ (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. **KALABURAGI**

Date. **05/10/2026**



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

Name: \_\_\_\_\_ **CHoudappa**

Designation: \_\_\_\_\_ **AUTHORIZED PERSON**



ಭಾರತ ಸರ್ಕಾರ  
Government of India

Aadhaar no. issued: 02/11/2013



ಚೌಡಪ್ಪ

Choudappa

ಜನ್ಮ ದಿನಾಂಕ/DOB: 01/01/1988

ಪುರುಷ/ MALE

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

**9255 9203 1667**

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



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ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

Unique Identification Authority of India

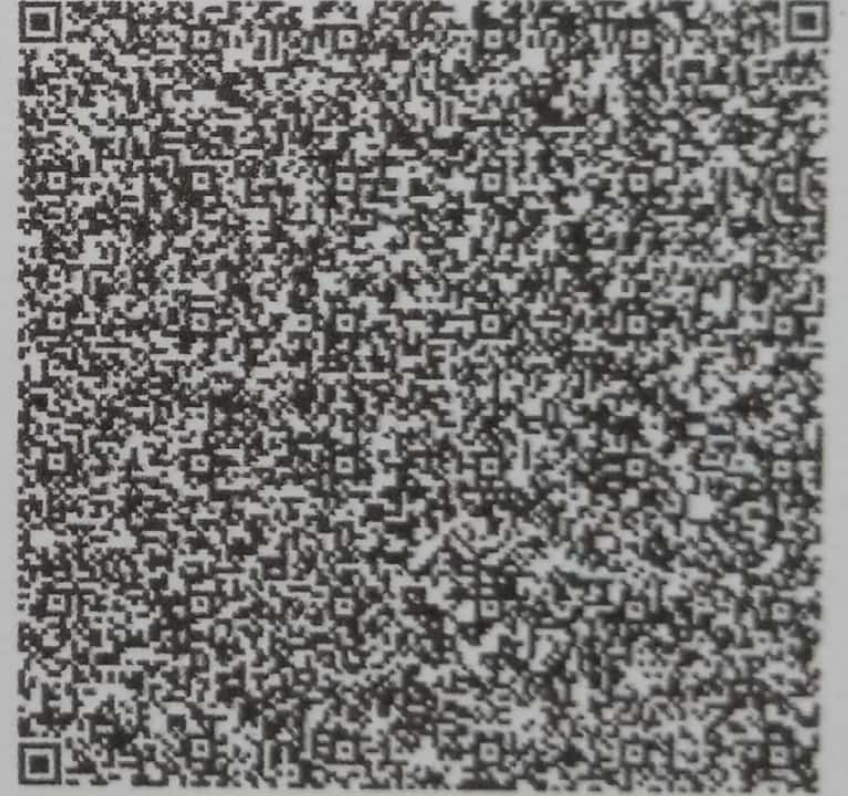


ವಿಳಾಸ:

S/O: ಧುಲಪ್ಪ ಜಮಾದಾರ್, ತಾಲ್ಲೂಕು ಅಫ್ಜಲ್ಪುರ, ಅರ್ಜುಂಗಿ,  
ಅರ್ಜುನಗಿ, ಗುಲ್ಬರ್ಗಾ,  
ಕರ್ನಾಟಕ - 585236

Address:

S/O: Dhulappa Jamadar, taluk afzalpur, Arjungi, PO:  
Arjunagi, DIST: Gulbarga,  
Karnataka - 585236



**9255 9203 1667**

**VID : 9156 1137 9364 5059**

☎ 1947

| ✉ [help@uidai.gov.in](mailto:help@uidai.gov.in) |

| 🌐 [www.uidai.gov.in](http://www.uidai.gov.in)



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Details as on: 03/10/2026



Name/ ಹೆಸರು

**Choudappa**

ಬೆಂಗಳೂರು

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

**91-2023-3072-8462**

Abha Address/ ಅಭಾ ವಿಳಾಸ

**choudappa6723@abdm**



Gender/ ಲಿಂಗ  
**Male / ಗಂಡು**

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ  
**01-01-1988**

Mobile/ ಮೊಬೈಲ್  
**7795008312**

**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](http://www.abha.abdm.gov.in), it is digitally acceptable.  
यदि यह कार्ड खो जाता है तो कृपया इसे [www.abha.abdm.gov.in](http://www.abha.abdm.gov.in) से डाउनलोड करें, यह डिजिटल रूप से स्वीकार्य है।