

**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 H I V A P P A

Middle Name

B A S A P P A

Last Name

K A R I

B. Name (as per Aadhaar)

S H I V A P P A B K A R I

2. Gender (select one)

Male



Female



Transgender

3. Date of Birth

0

1

0

5

1

9

6

0

4. Aadhaar Number

3

5

4

5

5

7

8

6

3

3

3

2

5. Residence Address

Flat/Door/Building

C / O B A S A P P A K A R I

Road/Street/Block/Sector

Post Office

K A I W A D I

Area/Locality/Town/City

N A G A R A H A L L I

District

D H A R W A D

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

8

2

2

0

8

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

9

4

5

8

7

6

3

1

2

(ii) Email ID

grama1.dwd.belahar@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

B A S A P P A

Father's Middle Name

Father's Last Name

K A 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	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				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 of Representative Assessee

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

SHIVAPPA B KARI

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. **DHARWAD**

Date. **05/10/2026**

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

Name: _____ **SHIVAPPA B KARI**

Designation: _____ **AUTHORIZED PERSON**



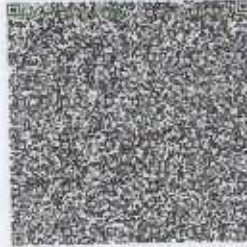
ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ / Enrolment No.: S134/60948/90650

To
ಶಿವಪ್ಪ ಬ ಕರಿ
SHIVAPPA B KARI
KAIWAD,
NAGARAHALLI,
VTC: Kalwad,
PO: Kalwad,
Sub District: Navalgund,
District: Dharwad,
State: Karnataka,
PIN Code: 582208
Mobile: 9945876312

Signature valid



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

3545 5786 3332

VID : 9176 2269 5306 8545

ನನ್ನ ಆಧಾರ್. ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India

Aadhaar no. Issued: 25/06/2013



ಶಿವಪ್ಪ ಬ ಕರಿ
SHIVAPPA B KARI
ಜನ್ಮ ದಿನಾಂಕ/DOB: 01/05/1960
ಪ್ರಕಾರ / MALE

ಆಧಾರ್ ಗುರುತಿನ ಪ್ರಮಾಣವಾಗಿದೆ, ಪೌರತ್ವ ಅಥವಾ ಜನ್ಮ ದಿನಾಂಕದ ಪ್ರಮಾಣವಲ್ಲ. ಇದನ್ನು ಆನ್‌ಲೈನ್ ಅಥವಾ ಆಫ್‌ಲೈನ್ ಮೂಲಕ ಮಾತ್ರ ಮಾನ್ಯತೆ ಪಡೆಯಬೇಕು.

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)

3545 5786 3332

ನನ್ನ ಆಧಾರ್. ನನ್ನ ಗುರುತು



Name/ ಹೆಸರು

SHIVAPPA B KARI

ಶಿವಪ್ಪ ಬ ಕರಿ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

91-2248-6212-7475

Abha Address/ ಅಭಾ ವಿಳಾಸ

91224862127475@abdm



Gender/ ಲಿಂಗ
Male / ಗಂಡು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ
01-05-1960

Mobile/ ಮೊಬೈಲ್
7026835467

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।