

Rojina



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

R O J I N A

Middle Name

Last Name

K H A T O O N

B. Name (as per Aadhaar)

R O J I N A

K H A T O O N

2. Gender (select one)

Tick

Male

Tick

Female

Tick

Transgender

3. Date of Birth

0 1

0 1

2 0 0 7

4. Aadhaar Number

3 2 9 1 4 2 6 4 5 3 3 1

5. Residence Address

Flat/Door/Building

C H A I R M A N

L A Y O U T ,

6 / 1 ,

9 T

Road/Street/Block/Sector

H R B R

L A Y O U T

1 S T

B L O C K ,

B

Post Office

S U B B A I A

H N A P A L Y A ,

Area/Locality/Town/City

B A L A J I

L A Y O U T ,

S U B B A I A

H N

District

B E N G A L U R U

R U R A L

State/Union Territory

K A R N A T A K A

Country/Region

I N D I A

PIN / ZIP CODE

5 6 0 0 4 3

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

8 9 5 1 8 2 1 9 3 6

(ii) Email ID

ff3495014@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

M D

Father's Middle Name

Father's Last Name

R A F I U L

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]

18.	Permanent Account Number (<i>if any</i>)								
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[illegible]

20. Representative Assessee Address

[illegible]

21. Contact Details

[illegible]

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

ROJINA KHATOON

a. I, ROJINA KHATOON, 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. BENGALURU RURAL

Date: 05/10/2026

Rollna

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

Name: ROJINA KHATOON

Designation: **AUTHORIZED PERSON**



भारत सरकार
GOVERNMENT OF INDIA



Rojina Khatoon

Date of Birth

जन्म तिथि/DOB: 01/01/2007

महिला/FEMALE

3291 4264 5331

VID : 9152 7184 4288 6475

मेरा आधार. मेरी पहचान



**national
health
authority**

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



Name/ नाम

Rojina Khatoon

रोजिना खातून

Abha Number/ आभा-संख्या

91-4787-8770-0531

Abha Address/ आभा पता

91478787700531@abdm



Gender/ लिंग
Female

Date Of Birth/ जन्मतिथि
01-01-2009

Mobile/ मोबाइल
7208793816



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आयुष्मान भारत स्वास्थ्य खाता (आभा)

