

agana 7M



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

T H O N D I G A N A H A L L I

Middle Name

M U R T H Y

Last Name

G A G A N A

B. Name (as per Aadhaar)

T M G A G A N A

2. Gender (select one)

☐ Male ☒ Female ☐ Transgender

3. Date of Birth

2 0 0 1 2 0 0 7

4. Aadhaar Number

9 4 3 9 8 6 7 9 3 4 5 3

5. Residence Address

Flat/Door/Building

7 5

Road/Street/Block/Sector

T H O N D I G A N A H A L L I

Post Office

T H O N D I G A N A H A L L I

Area/Locality/Town/City

B A N A V A R

District

H A S S A N

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5 7 3 1 1 2

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 0 6 6 9 1 7 3 5 3

(ii) Email ID

GANESH123BVR@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

T H O N D I G A N A H A L L I

Father's Middle Name

S H A N K A R A P P A

Father's Last Name

M U R T H Y

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 |

18. Permanent Account Number (if any) 

|  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|

[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

[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

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

**T M GAGANA**

a. I, ....., 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.**HASSAN**

Date. **06/10/2026**

*gagana .TM*

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

Name: T M GAGANA

Designation: **AUTHORIZED PERSON**

 ಭಾರತ ಸರ್ಕಾರ  
Government of India

Aadhaar no. issued: 18/09/2013



ಟಿ ಎಮ್ ಗಗನ  
T M Gagan  
ಜನ್ಮ ದಿನಾಂಕ/DOB: 20/01/2007  
ಸ್ತ್ರ/FEMALE

ಆಧಾರ್ ಗುರುತಿನ ಪ್ರಮಾಣವಾಗಿದೆ, ಪೌರತ್ವ ಅಥವಾ ಜನ್ಮ ದಿನಾಂಕದ ಪ್ರಮಾಣ ಅಲ್ಲ. ಇದನ್ನು ಆಧಾರ್ ನಲ್ಲಿ ದೃಢೀಕರಣ ಅಥವಾ ೨ಡಿ ಕೋಡ್ / ಆಧಾರ್ ನಲ್ಲಿ ೧೨೬ ಸ್ಕ್ಯಾನ್ ಮಾಡುವುದರಿಂದ ಮಾತ್ರ ಉಪಯೋಗಿಸಬಹುದು.

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 codes / offline XML.)

9439 8679 3453

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

 ಭಾರತೀಯ ಏಕೀಕೃತ ಗುರುತು ಪ್ರಾಧಿಕಾರ  
Unique Identification Authority of India

ವಿಳಾಸ  
D/O: ಟಿ ಎಸ್ ಮೂರ್ತಿ, 75, ತೊಂಡಿಗನಹಳ್ಳಿ, -,  
ಬಾನಾವರ, ತೊಂಡಿಗನಹಳ್ಳಿ, ತೊಂಡಿಗನಹಳ್ಳಿ, ಹಾಸನ,  
ಕರ್ನಾಟಕ - 573112

Address:  
D/O: T S Murthy, 75, thondiganahalli, -,  
banavar, Thondiganahalli, PO:  
Thondiganahalli, DIST: Hasan,  
Karnataka - 573112

Details as on: 32/06/2014



9439 8679 3453  
VID : 9163 0442 1476 7123

1947 | help@uidai.gov.in | www.uidai.gov.in



Name/ ಹೆಸರು

**T M Gagana**

ಟಿ ಎಮ್ ಗಗನ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

**91-6685-5704-8729**

Abha Address/ ಅಭಾ ವಿಳಾಸ

**t.gagana@abdm**



Gender/ ಲಿಂಗ

**Female / ಹೆಣ್ಣು**

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ

**20-01-2007**

Mobile/ ಮೊಬೈಲ್

**9066917353**

#### 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।