

**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 I J U Y A N A

Middle Name

Last Name

B I B I

B. Name (as per Aadhaar)

R I J U Y A N A B I B I

2. Gender (select one)☐ Tick

Male

☒ Tick

Female

☐ Tick

Transgender

3. Date of Birth

1 3

0 1

2 0 0 3

4. Aadhaar Number

9 5 8 1 6 3 4 8 4 1 6 0

5. Residence Address

Flat/Door/Building

1 K A D U G O D I , S H R I K A S H I V I

Road/Street/Block/Sector

S H R I K A S H I V I S H V E S H W A R A

Post Office

K A D U G O D I , B E N G A L U R U ,

Area/Locality/Town/City

V I S H V E S H W A R A T E M P L E , 1 1 2

District

B E N G A L U R U R U R A L

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5 6 0 0 6 7

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

7 0 4 7 0 5 9 4 4 1

(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

S U J A U D D I N

Father's Middle Name

Father's Last Name

A H A H

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

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

RIJUYANA BIBI

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. **BENGALURU RURAL**

Date. **07/10/2026**

RIJUYANA BIBI

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

Name: _____ **RIJUYANA BIBI**

Designation: _____ **AUTHORIZED PERSON**

Unique Identification Authority of India
Government of India

নথিভুক্তি নম্বর / Enrolment No: 2777/40100/07710

Download Date: 17/03/2023

To
রিজুয়ানা বিবি
Rijuyana Bibi
C/O: Jashimuddin Halder, Sri Durgapur, Dakshin
Durgapur, South 24 Parganas, West Bengal -
743349
7047059441

Generation Date: 17/03/2023

Signature Valid

Digitally signed by DS
UNIQUE IDENTIFICATION
AUTHORITY OF INDIA 03
Date: 2019.05.23 03:02:17
IST



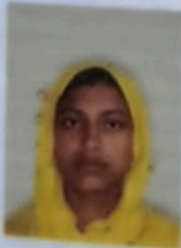
আপনার **আধার** সংখ্যা / Your **Aadhaar** No. :

9581 6348 4160

আমার **আধার**, আমার পরিচয়



ভারত সরকার
Government of India

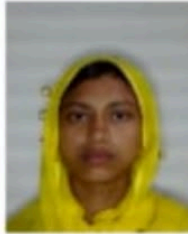


রিজুয়ানা বিবি
Rijuyana Bibi
জন্মতারিখ / DOB : 13/01/2003
মহিলা / FEMALE



9581 6348 4160

আমার **আধার**, আমার পরিচয়



Name/ नाम
Rijuyana Bibi

Abha Number/ आभा-संख्या
91-7435-4248-5458

Abha Address/ आभा पता
91743542485458@abdm



Gender/ लिंग
Female

Date Of Birth/ जन्मतिथि
13-01-2003

Mobile/ मोबाइल
7047059441

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।