# 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 | ANANTALAXMI |

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

ANANTALAXMI

**2. Gender** *(select one)* — Tick Male | ✓ Female | Tick Transgender

**3. Date of Birth** 01 01 1973

**4. Aadhaar Number** 361491219968

**5. Residence Address**

| | |
|---|---|
| Flat/Door/Building | 8-22 |
| Road/Street/Block/Sector | SURAYYA TATA COLONEY |
| Post Office | JEGURUPADU |
| Area/Locality/Town/City | MADHAVARAYUDUPALEM |
| District | RAICHUR |
| State/Union Territory | ANDHRA PRADESH |
| Country/Region | INDIA |
| PIN / ZIP CODE | 533126 |

**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 | 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 | 91 | Mobile Number | 9591878497 |
| (ii) Email ID | raghunaik6261@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 | ✓ Income from Other Sources | Tick No Income

## PART C - Details of Parents

**12. Whether mother/father is a single parent?** *(select one)* — Tick Yes | ✓ No

**13. Father's First Name**

Father's Middle Name

Father's Last Name: SUBBARO

| | |
|---|---|
| **14. Mother's First Name** | |
| Mother's Middle Name | |
| Mother's Last Name | S U B B A Y Y A M M A |

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

## PART D - Assessing Officer (AO Code)

**16. Assessing Officer** (AO Code)

(i) Area Code: K A R
(ii) AO Type: W
(iii) Range Code: 4 2 1
(iv) AO No.: 6

## PART E- Representative Assessee, if applicable

| | |
|---|---|
| **17. RA's First Name** | |
| RA's Middle Name | |
| RA's Last Name | |

**18. Permanent Account Number** *(if any)*

**19. Aadhaar Number** (*if Permanent Account Number is not available*)

**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

## Part F: Communication Address

**22. Address for Communication** *(select one)* ☑ Tick Residence Address ☐ Tick Representative Assessee Address ☐ Tick Office Address

## Part G: Declaration by Applicant or by Representative Assessee on behalf of the Applicant

**23. Documents submitted as Proof of Identity, Proof of Address and Proof of Date of Birth of the Applicant**

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

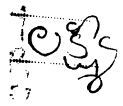
### *Verification & Declaration*

a. I, ……ANANTALAXMI……., in the capacity of ……HIMSELF…..(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. RAICHUR

Date.. 10/08/2026



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

Name: ANANTALAXMI

Designation: AUTHORIZED PERSON

आधार

भారత ప్రభుత్వం
Government of India

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India

రిజిస్ట్రేషన్/ Enrolment No.: 2052/30810/82744

To
అనంతలక్ష్మి
Anantalaxmi
C/O: Relangi Venkateswara Rao,
8-22,
surayya tata coloney,
madhavarayudupalem,
kadiam mandalam,
VTC: Jegurupadu,
PO: Jegurupadu,
Sub District: Kadiam,
District: East Godavari,
State: Andhra Pradesh,
PIN Code: 533126
Mobile: 9581878497

Signature Valid

మీ ఆధార్ సంఖ్య / Your Aadhaar No. :
3614 9121 9968
VID : 9123 4218 8319 1440

Aadhaar no. issued: 28/05/2013

భారత ప్రభుత్వం
Government of India

ఆధార్

అనంతలక్ష్మి
Anantalaxmi
పుట్టిన తేదీ/DOB: 01/01/1973
స్త్రీ/ FEMALE

ఆధార్ ఆవేది గుర్తింపు రుజువు మాత్రమే, పౌరసత్వం లేదా పుట్టిన తేదీ కి కాదు. ఇది ధృవీకరణతో మాత్రమే ఉపయోగించాలి (ఆన్‌లైన్ ప్రామాణీకరణ లేదా QR కోడ్ / ఆఫ్‌లైన్ XML యొక్క స్కానింగ్).

**Aadhaar is proof of identity, not of citizenship or date of birth.** It should be used with verification (online authentication, or scanning of QR code / offline XML).

3614 9121 9968

నా ఆధార్, నా గుర్తింపు

national health authority

Ayushman Bharat Health Account (ABHA)

आयुष्मान भारत स्वास्थ्य खाता (आभा)

Name/ పేరు

**Anantalaxmi**

**అనంతలక్ష్మీ**

Abha Number/ అభా నెంబరు

**91-6135-5404-4255**

Abha Address/ అభా చిరునామా

**91613554044255@abdm**

| Gender/ లింగము | Date Of Birth/ పుట్టిన తేది | Mobile/ చరవాణి |
|---|---|---|
| **Female / ఆడ** | **01-01-1973** | **9591878497** |

national health authority

Ayushman Bharat Health Account (ABHA)

आयुष्मान भारत स्वास्थ्य खाता (आभा)

**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।