



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

B

I

D

A

R

E

Middle Name

T

H

I

M

M

E

G

O

W

D

A

Last Name

S

I

D

D

E

G

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W

D

A

B. Name (as per Aadhaar)

B

T

S

I

D

D

E

G

O

W

D

A

2. Gender (select one)

☒

Male

☐

Female

☐

Transgender

3. Date of Birth

0

1

0

1

1

9

3

5

4. Aadhaar Number

3

4

1

3

9

6

5

0

7

1

1

0

5. Residence Address

Flat/Door/Building

S

B

I

D

A

R

E

Road/Street/Block/Sector

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R

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Post Office

S

B

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D

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R

E

Area/Locality/Town/City

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M

A

G

A

L

U

R

District

C

H

I

K

K

A

M

A

G

A

L

U

R

U

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

7

7

1

4

6

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

7

8

3

3

8

0

4

8

1

0

(ii) Email ID

netpointphoto@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

Father's Middle Name

Father's Last Name

T

H

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M

M

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D

A

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

18. Permanent Account Number	(if any)								
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[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

a. I, **B.T.SIDDEGOWDA**, 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. **CHIKKAMAGALURU**Date 11/08/2026

B.T. Siodle gowda

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

Name: **B T SIDDEGOWDA**

Designation: **AUTHORIZED PERSON**



ಭಾರತ ಸರ್ಕಾರ

Government of India



ಬಿ ಟಿ ಸಿದ್ದೇಗೌಡ

B T Siddagouda

ಹುಟ್ಟಿದ ವರ್ಷ / Year of Birth : 1935

ಪುರುಷ / Male



3413 9650 7110

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

Unique Identification Authority of India

ವಿಳಾಸ:

S/O: ಲೇಟ್ ತಿಮ್ಮಗೌಡ, ಎಸ್
ಬಿದರೆ(ಪೋಸ್ಟ್), ಎಸ್ ಬಿದರೆ, ಕಳಸಾಪುರ,
ಕಳಸಾಪುರ, ಚಿಕ್ಕಮಗಳೂರು,
ಚಿಕ್ಕಮಗಳೂರು, ಕರ್ನಾಟಕ, 577146

Address:

S/O: Late Thimmegowda, S
Bidare(post), S Bidare,
Kalasapura, Kalasapura,
Chickmagalur, Chikmagalur,
Karnataka, 577146

3413 9650 7110



1947
1800 300 1947



help@uidai.gov.in

WWW

www.uidai.gov.in



Name/ ಹೆಸರು

B T Siddegowda

ಬಿ ಟಿ ಸಿದ್ಧೇಗೌಡ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

91-6012-1228-0387

Abha Address/ ಅಭಾ ವಿಳಾಸ

91601212280387@abdm



Gender/ ಲಿಂಗ
Male / ಗಂಡು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ
01-01-1935

Mobile/ ಮೊಬೈಲ್
7833804810

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।