



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

P A P P A N A L

Middle Name

Last Name

B H I M E S H

B. Name (as per Aadhaar)

P B H I M E S H

2. Gender (select one)



Male



Female



Transgender

3. Date of Birth

0

1

0

1

1

9

8

8

4. Aadhaar Number

9

8

5

3

8

8

9

7

3

4

5

6

5. Residence Address

Flat/Door/Building

C / O N E E L A K A N T H A P P A

Road/Street/Block/Sector

N E A R M A R E M M A T E M P L E , M I T T

Post Office

R A V I H A L

Area/Locality/Town/City

S I R U G U P P A

District

B A L L A R I

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5 8 3 1 1 4

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

9

4

5

8

9

7

1

3

3

(ii) Email ID

MANUFOREVER.HONEY143@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

N E E L A K A N T H A P P 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	C	
	(iii) Range Code	4	2	1	(iv) AO No.	9	1

[illegible]

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									
(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

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a. I, **P. BHIMESH**, 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 **BALLARI**

Date..19/08/2026

• မှတ်ချက်

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

Name: P BHIMESH

Designation: **AUTHORIZED PERSON**



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ

Unique Identification Authority of India
Government of India

ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No.: 1177/82052/36348

To
ಪಿ ಭೀಮೇಶ್
P Bhimesh
S/O: Neelakanthappa
Near Maremma Temple
Mitte Sugur
Ravihal
Siruguppa Bellary
Karnataka 583114
9945897133

18/09/2013

38789887



MN387898874FT



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

9853 8897 3456

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



ಭಾರತ ಸರ್ಕಾರ

Government of India



ಪಿ ಭೀಮೇಶ್
P Bhimesh
ಜನ್ಮ ದಿನಾಂಕ / DOB : 01/01/1988
ಪುರುಷ / Male



9853 8897 3456

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ

ನೋಂದಾವಣೆ



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



Name/ ಹೆಸರು
P Bhimesh
ಪಿ ಭೀಮೇಶ್

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ
91-6655-0545-8505

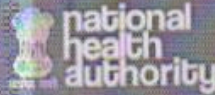
Abha Address/ ಅಭಾ ವಿಳಾಸ
91665505458505@abdm



Gender/ ಲಿಂಗ
Male / ಗಂಡು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ
01-01-1988

Mobile/ ಮೊಬೈಲ್
-



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



Instructions

Toll-Free Number: 1800 114 477

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- 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.
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- If this card is lost kindly download it from www.abha.abdm.gov.in, it is digitally acceptable.
ಯದಿ ಯಹ್ ಕಾರ್ಡ್ ಖೊ ಜಾತಾ ಹೈ ತೊ ಕುಪಯಾ ಇಸೆ www.abha.abdm.gov.in ಸೆ ಡೌನ್‌ಲೋಡ್ ಕರ್, ಯಹ್ ಡಿಜಿಟಲ್ ಸ್ಥಾಪನೆ ಸ್ವೀಕಾರ್ಯ ಹೈ.