

Shakshith



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

D H A K S H I T H

Middle Name

G O W D A T H Y A V I H A L L I

Last Name

M A N J U N A T H

B. Name (as per Aadhaar)

D H A K S H I T H

G O W D A T M

2. Gender (select one)

☒

Male

☐

Female

☐

Transgender

3. Date of Birth

0

4

0

4

2

0

0

8

4. Aadhaar Number

5

6

9

0

6

7

9

1

3

6

4

5

5. Residence Address

Flat/Door/Building

C / O M A N J U N A T H

Road/Street/Block/Sector

T H Y A V I H A L L I

Post Office

S H A N T H I G R A M A

Area/Locality/Town/City

S H A N T H I G R A M A

H O B L I

District

H A S S A N

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

7

3

2

2

0

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

1

4

1

3

7

3

1

8

0

(ii) Email ID

yukthainsurance@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

M A N J U N A T H

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 |

[illegible]

**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                                |              |                      |                      |                      |                 |                      |                      |                      |                      |
|----------------------------------------------------|--------------|----------------------|----------------------|----------------------|-----------------|----------------------|----------------------|----------------------|----------------------|
| (i) Mobile Number                                  | Country Code | <input type="text"/> | <input type="text"/> | <input type="text"/> | Mobile Number   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| (ii) Email ID                                      |              | <input type="text"/> |                      |                      |                 |                      |                      |                      |                      |
| (iii) Landline No. with STD Code ( <i>if any</i> ) | STD Code     | <input type="text"/> | <input type="text"/> | <input type="text"/> | Landline Number | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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, ~~.....DHAKSHITH GOWDA T M.....~~ 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: HASSAN

Date..19/08/2026

Shakshith.

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

Name: **DHAKSHITH GOWDA T M**

Designation: **AUTHORIZED PERSON**



ಭಾರತ ಸರ್ಕಾರ  
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ  
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ / Enrollment No.: S1454376017820

To

ದಕ್ಷಿತ್ ಗೌಡ ಟಿ ಎಮ್

Dhakshith Gowda T M

S/O: Manjunath,

shanthigrama hobli,

VTC: Thyavihalli,

PO: Shanthigrama,

Sub District: Alur, District: Hassan,

State: Karnataka,

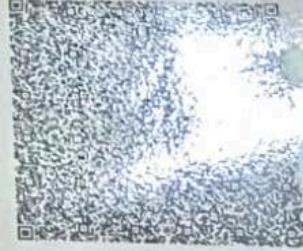
PIN Code: 573220,

Mobile: 9141373180

51975581



MK519755815FE



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

**5690 6791 3645**

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ  
Government of India



Aadhaar no. issued: 10/01/2016



ದಕ್ಷಿತ್ ಗೌಡ ಟಿ ಎಮ್

Dhakshith Gowda T M

ಜನ್ಮ ದಿನಾಂಕ / DOB : 04/04/2008

ಪುರುಷ / Male

ಆಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯಾಗಿದೆ, ಪೌರತ್ವ ಅಥವಾ ಜನ್ಮ ದಿನಾಂಕದ ಪುರಾವೆ ಅಲ್ಲ. ಇದನ್ನು ಆನ್‌ಲೈನ್ ದೃಢೀಕರಣ ಅಥವಾ QR ಕೋಡ್ / ಆಫ್‌ಲೈನ್ XML ಸ್ಕ್ಯಾನ್‌ನೊಂದಿಗೆ ಮಾತ್ರ ಬಳಸಬೇಕು.

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 code / offline XML)

**5690 6791 3645**

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



Name/ ಹೆಸರು

**Dhakshith Gowda T M**

ದಕ್ಷಿತ್ ಗೌಡ ಟಿ ಎಮ್

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

**91-6076-2084-1843**

Abha Address/ ಅಭಾ ವಿಳಾಸ

**dhakshith.m@abdm**



Gender/ ಲಿಂಗ  
**Male / ಗಂಡು**

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ  
**04-04-2008**

Mobile/ ಮೊಬೈಲ್  
**9141373180**

#### 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।