



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

L I N G A M M A

Middle Name

Last Name

K U R U B A R U

B. Name (as per Aadhaar)

L I N G A M M A K

2. Gender (select one)

☐ Male

☒ Female

☐ Transgender

3. Date of Birth

0 1

0 1

1 9 9 1

4. Aadhaar Number

4 6 6 0 8 7 1 2 8 4 6 0

5. Residence Address

Flat/Door/Building

9 3

Road/Street/Block/Sector

V A T T A M U R V A N I

Post Office

V A T T U M U R V A N I

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 0 0 8 8 1 7 9 3 0

(ii) Email ID

Adigowda03@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

S H A R 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][illegible][illegible][illegible]

22. Address for Communication (select one) ☒ Residence Address ☐ Representative Assessee Address ☐ Office Address

☒ (i) Proof of Identity ☒ (ii) Proof of Address ☒ (iii) Proof of Date of Birth

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

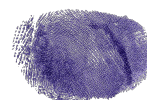
SELF

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: BALLARI

Date 02/09/2026



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

Name: LINGAMMA K

Designation: **AUTHORIZED PERSON**



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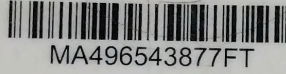
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Unique Identification Authority of India
Government of India

ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No.: 0821/90891/25008

To
ಲಿಂಗಮ್ಮ ಕೆ
Lingamma K
W/O: Linganna K
#93
vattamurvani
Vattumuruvani
Vattamuruvani
Siruguppa Bellary
Karnataka 583114
7846068822

25/03/2016
349654387



MA496543877FT



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

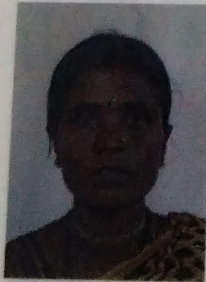
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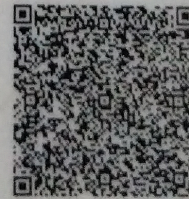


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Government of India

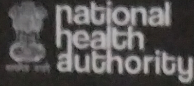


ಲಿಂಗಮ್ಮ ಕೆ
Lingamma K
ಜನ್ಮ ದಿನಾಂಕ / DOB : 01/01/1991
ಸ್ತ್ರೀ / Female



4660 8712 8460

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



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



Name/ ಹೆಸರು

Lingamma K

ಲಿಂಗಮ್ಮ ಕೆ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

91-4081-1287-1061

Abha Address/ ಅಭಾ ವಿಳಾಸ

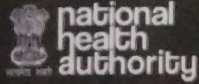
lingamma.k8333@abdm



Gender/ ಲಿಂಗ
Female / ಹೆಣ್ಣು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ
01-01-1991

Mobile/ ಮೊಬೈಲ್
9008817930



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।