

Request For Changes Or Correction in PAN Data
[For an Individual]

Permanent Account Number (PAN)

C L V P T 2 5 2 7 B

Aadhaar Number

3 1 6 9 3 3 2 5 5 8 1 3

Sr. No.

Tick
Box

PART A - Personal Information

1. ☒ A. Name

First Name

C H I G A L I

Middle Name

Last Name

T I M M A P P A

☒ B. Name (as per Aadhaar)

C H I G A L I T I M M A P P A

2. ☐ Gender (select one)☒

Male

☐

Female

☐

Transgender

3. ☒ Date of Birth

0 1

0 1

1 9 9 0

4. ☒ Address☒

Residence

☐

Office

(select one)

Flat/Door/Building

4 T H W A R D

Road/Street/Block/Sector

T A Y A M M A T E M P L E

Post Office

K . B E L A G A L

Area/Locality/Town/City

K E N C H A A G A R A B E L A G A L , K . B E L

District

B A L L A R I

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5 8 3 1 2 1

5. ☐ Passport Number6. ☐ Taxpayer Identification Number in the Country of Residence7. ☒ Contact Details

(i) Mobile Number

Country Code

9 1

Mobile Number

9 0 0 8 8 7 7 4 7 3

(ii) Email ID

rathnammanaga784@gmail.com

(iii) Landline No. with Country/ISD Code
and Area/STD Code (if any)

Country/ISD Code

Area/STD Code

Landline Number

PART B - Details of Parents

8. ☐ Father's First Name

C H I G A L I

Father's Middle Name

Father's Last Name

T I P P A N N A

9. ☐ Mother's First Name

C H I G A L I

Mother's Middle Name

Mother's Last Name

L A K S H M A M M A

10. Name of parent to be printed on Permanent Account Number card (select one)

☒

Father

☐

Mother

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

11. Documents submitted as Proof of Identity, Proof of Address, Proof of Date of Birth of the Applicant & Proof of Change in support of proposed changes / corrections requested by the Applicant

☒

(i) Proof of Identity

☒

(ii) Proof of Address

☒

(iii) Proof of Date of Birth

☒

(iv) Documentay proof in support of other changes

☒

(v) Copy of PAN

Verification & Declaration

a. I, ...**CHIGALI.TIMMAPPA**....., in the capacity of**SELF**.....(Self/Representative Assessee) do hereby declare that what is stated above is true to the best of my knowledge and belief.

Place.....**BALLARI**

Date.....**02/10/2026**



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

MONTH :



भारत सरकार



आधार

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತ ಸರ್ಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ / Enrolment No.: 0821/90604/07305

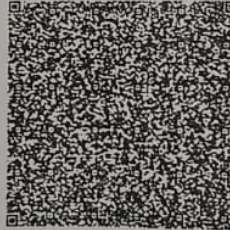
Download Date: 22/03/2021

To
ಚಿಗಲಿ ತಿಮ್ಮಪ್ಪ
Chigali Timmappa
S/O: Chigali Tippanna
4th ward
tayamma temple
Kenchagarabelagal
K.belagal
Bellary Karnataka - 583121
9008877473

Issue Date: 08/02/2021

Signature valid

Digitally signed by Chigali Timmappa, DN: cn=Chigali Timmappa, o=Unique Identification Authority of India, email=chigali.timmappa@uidai.gov.in, c=IN, 2.5.2.25=1.2.840.113549.1.1.1



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

3169 3325 5813

VID : 9195 0651 6451 0860

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India

Download Date: 22/03/2021



ಚಿಗಲಿ ತಿಮ್ಮಪ್ಪ
Chigali Timmappa
ಜನ್ಮ ದಿನಾಂಕ/DOB: 01/01/1990
ಪುರುಷ/ MALE

Issue Date: 08/02/2021

3169 3325 5813

VID : 9195 0651 6451 0860

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



Name/ ಹೆಸರು

Chigali Timmappa

ಚಿಗಲಿ ತಿಮ್ಮಪ್ಪ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

91-6232-4882-3584

Abha Address/ ಅಭಾ ವಿಳಾಸ

chigali.timmappa@abdm



Gender/ ಲಿಂಗ
Male / ಗಂಡು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ
01-01-1990

Mobile/ ಮೊಬೈಲ್
9008877473

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।



आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



नाम / Name

Chigali Timmappa

स्थायी लेखा संख्या

Permanent Account Number

CLVPT2527B

जन्म तिथि / Date of Birth

01/01/1990

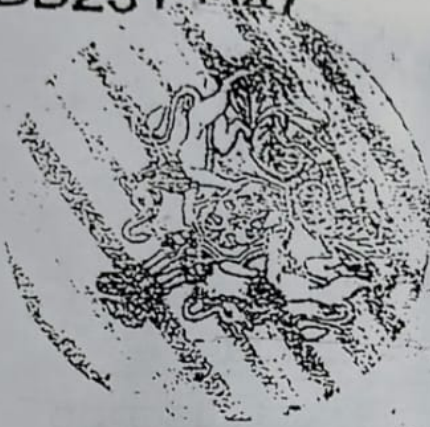
हस्ताक्षर / Signature





ಭಾರತ ಚುನಾವಣಾ ಆಯೋಗ
ಗುರುತಿನ ಚೀಟಿ
ELECTION COMMISSION OF INDIA
IDENTITY CARD

UBB2315547



ಮತದಾರರ ಹೆಸರು : ಚಿಗಲಿ ತಿಮ್ಮಪ್ಪ

Elector's Name : Chigali Thimmappa

ತಂದೆಯ ಹೆಸರು : ಚಿಗಲಿ ತಿಮ್ಮಣ್ಣ

Father's Name : Chigali Thimmanna

ಲಿಂಗ / Sex : ಪುರುಷ/Male

ಜನ್ಮದಿನಾಂಕ/Date of Birth : XX/XX/1989