

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

Permanent Account Number (PAN)

C Z J P V 7 3 8 0 L

Aadhaar Number

9 9 2 3 8 5 4 3 3 9 4 6

Sr. No.

Tick
Box

PART A - Personal Information

1. ☒ A. Name

First Name

B

O

V

I

Middle Name

Last Name

V

E

E

R

E

S

H

A

☒ B. Name (as per Aadhaar)

B

O

V

I

V

E

E

R

E

S

H

A

2. ☐ Gender (select one)☒

Male

☐

Female

☐

Transgender

3. ☐ Date of Birth

0

1

0

6

1

9

9

0

4. ☒ Address☒

Residence

☐

Office

(select one)

Flat/Door/Building

W

A

R

D

N

U

M

B

E

R

4

Road/Street/Block/Sector

N

E

A

R

T

H

I

M

M

A

P

P

A

T

E

M

P

L

E

,

V

A

D

Post Office

K

E

N

C

H

A

G

A

R

A

B

E

L

A

G

A

L

Area/Locality/Town/City

K

.

B

E

L

A

G

A

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

9

6

4

5

3

2

2

3

9

(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

Father's Middle Name

Father's Last Name

G

U

R

U

P

P

A

9. ☐ Mother's First Name

Mother's Middle Name

Mother's Last Name

M

A

H

A

N

K

A

L

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, ...**BOVI VEERESHA**....., 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**

ವಿರೇಶ

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



भारत सरकार
Bharat Sarkar



ಭಾರತೀಯ ಏಕೀಕೃತ ಗುರುತು ಪತ್ರ

ಭಾರತ ಸರ್ಕಾರ

Unique Identification Authority of India
Government of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 0129/03028/23481

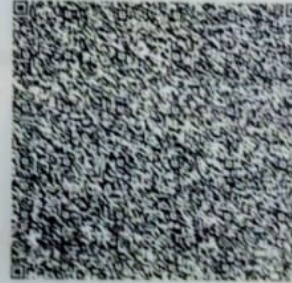
Download Date: 24/05/2019

To
ಬೋವಿ ವೀರೇಶ
Bovi Veerasha
S/O: Guruppa
ward Number 4
Near Thimmappa Temple
vadru Anjineya oni
Kenchagarabelagal
K.belagal
Bellary Karnataka - 583121
9964532239

Generation Date: 03/08/2018

Signature valid

Digitally signed by
UNIQUE IDENTIFICATION
AUTHORITY OF INDIA 04
Date: 2019.05.24 09:08:56
IST



QR Code with Photograph

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

9923 8543 3946

VID : 9186 5310 7270 8820

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ

Government of India



ಬೋವಿ ವೀರೇಶ
Bovi Veerasha
ಜನ್ಮ ದಿನಾಂಕ/DOB: 01/06/1990
ಪ್ರಕಾರ/ MALE

9923 8543 3946

VID : 9186 5310 7270 8820

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು





Name/ ಹೆಸರು

Bovi Veerasha

ಬೋವಿ ವೀರೇಶ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

91-4883-2728-8376

Abha Address/ ಅಭಾ ವಿಳಾಸ

91488327288376@abdm



Gender/ ಲಿಂಗ

Male / ಗಂಡು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ

01-06-1990

Mobile/ ಮೊಬೈಲ್

9964532239

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।



ಭಾರತ ಚುನಾವಣಾ ಆಯೋಗ
ಗುರುತಿನ ಚೀಟಿ

ELECTION COMMISSION OF INDIA
IDENTITY CARD

UBB2692846



ಮತದಾರರ ಹೆಸರು : ಬೋವಿ ವೀರೇಶ್

Elector's Name : Bovi Veeresh

ತಂದೆಯ ಹೆಸರು : ಗುರ್ಫ ಪ್ಪ

Father's Name : Gurrappa

ಲಿಂಗ / Sex : ಪುರುಷ/ Male

ಜನ್ಮದಿನಾಂಕ/Date of Birth : 16/06/1992

आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



नाम / Name

Bovi Veerasha

जन्म तिथि / Date of Birth

01/06/1990

हस्ताक्षर / Signature

स्थायी लेखा संख्या

Permanent Account Number

CZJPV7380L

