

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



Permanent Account Number (PAN)

A Z N P N 1 1 4 1 R

Aadhaar Number

2 2 7 5 6 2 6 4 6 2 3 7

Sr. No.

Tick  
Box

## PART A - Personal Information

1. ☐ A. Name

First Name

Middle Name

Last Name

N A G A M M A

☐ B. Name (as per Aadhaar)

N A G A M M A

2. ☐ Gender (select one)☐

Male

☒

Female

☐

Transgender

3. ☐ Date of Birth

0 1

0 1

1 9 6 8

4. ☒ Address☒

Residence

☐

Office

(select one)

Flat/Door/Building

Road/Street/Block/Sector

Post Office

Area/Locality/Town/City

District

C / O C H A N N E G O W D A

S R I R A M A N A G A R A

H A S S A N

G A V E N A H A L L I

H A S S A N

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5 7 3 2 0 1

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

(i) Mobile Number

Country Code

9 1

Mobile Number

9 5 3 8 7 0 0 4 2 9

(ii) Email ID

grama1raghu@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

C H A N N E G O W D A

9. ☐ Mother's First Name

Mother's Middle Name

Mother's Last Name

G O W R 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 &amp; 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

☒

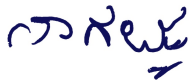
(v) Copy of PAN

**Verification & Declaration**

a. I, .....**NAGAMMA**....., 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.....**HASSAN**

Date.....**03/07/2026**



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



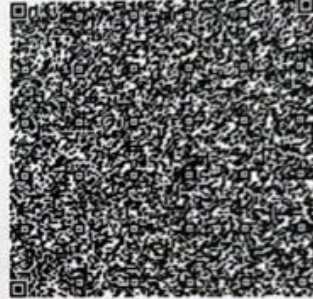
ಭಾರತ ಸರ್ಕಾರ  
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ  
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/Enrolment No.: S149/02168/94710

To  
ನಾಗಮ್ಮ  
Nagamma  
W/O: Nagaraju,  
SRI RAMA NAGARA,  
VTC: Gavenahalli,  
PO: Hassan,  
Sub District: Alur,  
District: Hasan,  
State: Karnataka,  
PIN Code: 573201  
Mobile: 9538700429

Signature valid  
Digitally signed by Unique  
Identification Authority of India  
06  
Date: 2020.03.11 14:25  
IST



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

2275 6264 6237

VID : 9176 9139 4093 1394

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ  
Government of India

Aadhaar no. issued: 08/10/2013



ನಾಗಮ್ಮ  
Nagamma  
ಜನ್ಮ ದಿನಾಂಕ/DOB: 01/01/1968  
ಸ್ತ್ರೀ/FEMALE

ಆಧಾರ್ ಗುರುತಿನ ಪ್ರಮಾಣವಾಗಿದೆ, ಪೌರತ್ವ ಅಥವಾ ಜನ್ಮ ದಿನಾಂಕದ ಪ್ರಮಾಣವಲ್ಲ. 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.)

2275 6264 6237

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



**national  
health  
authority**

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



**Name/ ಹೆಸರು**

**Nagamma**

**ನಾಗಮ್ಮ**

**Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ**

**91-3827-1556-5141**

**Abha Address/ ಅಭಾ ವಿಳಾಸ**

**91382715565141@abdm**



**Gender/ ಲಿಂಗ**  
**Female / ಹೆಣ್ಣು**

**Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ**  
**01-01-1968**

**Mobile/ ಮೊಬೈಲ್**  
**9538700429**



**national  
health  
authority**

**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](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।

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

NAGAMMA

CHANNEGOWDA

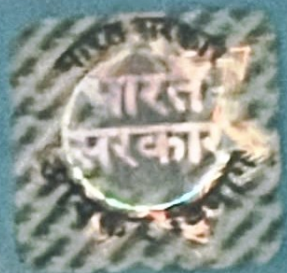
01/01/1968

Permanent Account Number

AZNPN1141R

*Handwritten signature*

Signature



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