PAN CR-01

Request For Changes Or Correction in PAN Data

[For an Individual]

Permanent Account Number (PAN)
B G D P H 4 2 5 7 G

Aadhaar Number
4 7 9 6 2 9 7 6 1 2 2 0

Sr. No.	Tick Box	PART A - Personal Information

1. Tick **A. Name**

First Name: .

Middle Name:

Last Name: H A Y A L A P P A

Tick **B. Name** *(as per Aadhaar)*

H A Y A L A P P A

2. Tick **Gender** *(select one)* ✓ Male Tick Female Tick Transgender

3. Tick **Date of Birth** 0 1 0 6 1 9 8 2

4. ✓ **Address**

✓ Residence Tick Office *(select one)*

Flat/Door/Building: 2 / 5 1

Road/Street/Block/Sector: N E A R P O L I C E S T A T I O N W A N A D U

Post Office: W A N A D U R G A

Area/Locality/Town/City: W A N A D U R G A

District: Y A D G I R

State/Union Territory: KARNATAKA Country/Region: INDIA PIN / ZIP CODE: 5 8 5 3 0 9

5. Tick **Passport Number**

6. Tick **Taxpayer Identification Number in the Country of Residence**

7. ✓ **Contact Details**

(i) Mobile Number — Country Code: 9 1 — Mobile Number: 9 1 0 8 5 2 2 1 3 8

(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. Tick **Father's First Name**

Father's Middle Name

Father's Last Name: M A R T H A N D A P P A

9. Tick **Mother's First Name**

Mother's Middle Name

Mother's Last Name: S U G A L A M M A

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

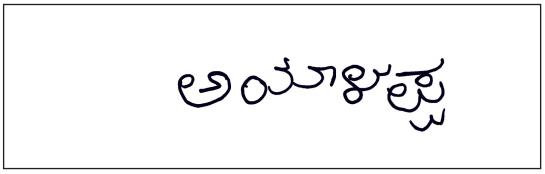
✓ (iv) Documentay proof in support of other changes ✓ (v) Copy of PAN

Verification & Declaration

a. I , ….HAYALAPPA……., 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……YADGIR

Date……08/07/2026



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

सत्यमेव जयते
भारत सरकार

आधार

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 0821/90252/58314

Download Date: 16/03/2020

To
ಹಯಾಳಪ್ಪ
Hayalappa
C/O: Marthandappa
117
main road
wanadurga road
Tippanatgi
Malgatti
Yadgir Karnataka - 585216
9108522138

Issue Date: 09/03/2020

Signature valid
Digitally signed by
UNIQUE IDENTIFICATION
AUTHORITY OF INDIA 04
Date: 2020.03.16 12:07:20
IST

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

4796 2976 1220

VID : 9175 2326 9051 9634

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ಭಾರತ ಸರ್ಕಾರ
Government of India

Download Date: 16/03/2020

ಹಯಾಳಪ್ಪ
Hayalappa
ಜನ್ಮ ದಿನಾಂಕ/DOB: 01/06/1982
ಪುರುಷ/ MALE

Issue Date: 09/03/2020

4796 2976 1220

VID : 9175 2326 9051 9634

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

national health authority

Ayushman Bharat Health Account (ABHA)

आयुष्मान भारत स्वास्थ्य खाता (आभा)

Name/ ಹೆಸರು

Hayalappa

ಹಯಾಳಪ್ಪ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

91-5078-4043-6244

Abha Address/ ಅಭಾ ವಿಳಾಸ

hayalappa2060@abdm

Gender/ ಲಿಂಗ
Male / ಗಂಡು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ
01-06-1982

Mobile/ ಮೊಬೈಲ್
9108522138

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, 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

स्थायी लेखा संख्या
Permanent Account Number
BGDPH4257G

नाम / Name
HAYALAPPA

जन्म तिथि / Date of Birth
01/06/1982

हस्ताक्षर / Signature