



Permanent Account Number (PAN)									
B	A	Y	P	R	9	7	1	6	B

Aadhaar Number											
2	9	1	7	1	8	6	8	0	0	9	9



Sr. No.	Tick Box	PART A - Personal Information
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[illegible][illegible]

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

3.	☒	Date of Birth	0	1	0	1	1	9	7	4
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4. ☒ Address

	☒	Residence	☐	Office	(select one)																					
Flat/Door/Building	2	9																								
Road/Street/Block/Sector	B	Y	R	A	G	O	N	D	A	N	A	H	A	L	L	I	,		C	H	A	L	U	V	A	N
Post Office																										
Area/Locality/Town/City	A	R	A	S	I	K	E	R	E																	
District	H	A	S	S	A	N																				
State/Union Territory	KARNATAKA			Country/Region					INDIA					PIN / ZIP CODE			5	7	3	1	1	2				

[illegible][illegible]

7. Contact Details

(i) Mobile Number	Country Code	<table border="1"><tr><td>9</td><td>1</td></tr></table>	9	1	Mobile Number	<table border="1"><tr><td>7</td><td>0</td><td>1</td><td>9</td><td>5</td><td>0</td><td>2</td><td>2</td><td>8</td><td>3</td></tr></table>	7	0	1	9	5	0	2	2	8	3
9	1															
7	0	1	9	5	0	2	2	8	3							
(ii) Email ID	<table border="1"><tr><td colspan="10">ganesh123bvr@gmail.com</td></tr></table>				ganesh123bvr@gmail.com											
ganesh123bvr@gmail.com																
(iii) Landline No. with Country/ISD Code and Area/STD Code (<i>if any</i>)	Country/ISD Code	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					Area/STD Code	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>								
	Landline Number	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>														

PART B - Details of Parents

[illegible][illegible]

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,**NANDISH**....., 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.....**08/07/2026**

A rectangular box containing a handwritten signature in black ink. The signature appears to be 'Nandish' with a stylized flourish extending from the end.

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



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ

Unique Identification Authority of India
Government of India

ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No.: 1171/27502/00452

To
ನಂದೀಶ್
Nandish
S/O: Ramanna
29 -
byragondanahalli byragondanahalli
Byragondanahalli
Chaluvanahalli
Arasikere Hasan
Karnataka 573112
9611455041
47039709
30/09/2013



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

2917 1868 0099

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



ಭಾರತ ಸರ್ಕಾರ

Government of India



ನಂದೀಶ್
Nandish
ಜನ್ಮ ದಿನಾಂಕ / DOB : 01/01/1974
ಪುರುಷ / Male



2917 1868 0099

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



**national
health
authority**

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



Name/ ಹೆಸರು

Nandish

ನಂದೀಶ್

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

91-3417-7884-1856

Abha Address/ ಅಭಾ ವಿಳಾಸ

nandish_197419741@abdm



Gender/ ಲಿಂಗ
Male / ಗಂಡು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ
01-01-1974

Mobile/ ಮೊಬೈಲ್
7019502283



**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।

