

Permanent Account Number (PAN)									
D	W	G	P	S	5	6	6	3	J

Aadhaar Number										
9	2	4	4	0	8	5	7	3	0	4

Sr. No.	Tick Box	PART A - Personal Information
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A. Name																
First Name	.															
Middle Name																
Last Name	S	I	D	D	A	R	A	M	A	P	P	A				

[illegible]

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

3. ☒ Date of Birth

4. ☒ Address

	☒	Residence	☐	Office	(select one)																
Flat/Door/Building	#	1	4	4																	
Road/Street/Block/Sector	A	R	A	S	I	K	E	R	E		C	I	T	Y							
Post Office	A	R	A	S	I	K	E	R	E												
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></td><td>9</td><td>1</td></tr></table>		9	1	Mobile Number	<table border="1"><tr><td>9</td><td>4</td><td>4</td><td>8</td><td>8</td><td>7</td><td>4</td><td>5</td><td>1</td><td>7</td></tr></table>	9	4	4	8	8	7	4	5	1	7
	9	1															
9	4	4	8	8	7	4	5	1	7								
(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	
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[illegible]

9.	☐ Tick	Mother's First Name																		
		Mother's Middle Name																		
		Mother's Last Name	K	A	L	Y	A	N	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,**SIDDARAMAPPA**....., 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 'Siddaramappa' written in a cursive, stylized script.

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



ಭಾರತ ಸರ್ಕಾರ

Government of India



ಸಿದ್ದರಾಮಪ್ಪ

Siddaramappa

ಹುಟ್ಟಿದ ವರ್ಷ / Year of Birth : 1953

ಪುರುಷ / Male



9244 0857 3004

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

Unique Identification Authority of India

ವಿಳಾಸ:

S/O: ಅಜ್ಜಪ್ಪ, #144, ಅರಕೆರೆ, ಅರಕೆರೆ,
ಅರಕೆರೆ, ಹಾಸನ, ಅರಸೀಕೆರೆ, ಕರ್ನಾಟಕ,
573112

Address:

S/O: Ajjappa, #144, Arakere,
Arakere, Arakere, Hasan,
Arasikere, Karnataka, 573112

9244 0857 3004

1947
1800 300 1947

help@uidai.gov.in

www
www.uidai.gov.in



**national
health
authority**

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



Name/ ಹೆಸರು

Siddaramappa

ಸಿದ್ದರಾಮಪ್ಪ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

91-5735-8482-8129

Abha Address/ ಅಭಾ ವಿಳಾಸ

91573584828129@abdm



Gender/ ಲಿಂಗ
Male / ಗಂಡು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ
01-01-1953

Mobile/ ಮೊಬೈಲ್
9448874517



**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

A SIDDARAMPPA

AJJAPPA

25/08/1953

Permanent Account Number

DWGPS5663J

Siddaramappa

Signature



05012012