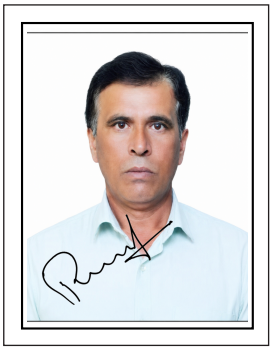


PAN CR-01

Request For Changes Or Correction in PAN Data

[For an Individual]

Permanent Account Number (PAN)
A U F P R 9 2 0 4 A

Aadhaar Number
8 8 3 1 0 3 6 0 3 9 7 4

Sr. No.	Tick Box	PART A - Personal Information

1. A. Name — ✓

First Name	RANGANATHA
Middle Name	MALALIKERE
Last Name	SOMARAJEGOWDA

B. Name *(as per Aadhaar)* — ✓

RANGANATHA M S

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

3. Date of Birth — ✓ 16 06 1971

4. Address — ✓

✓ Residence ☐ Office *(select one)*

Flat/Door/Building	C/O SOMARAJEGOWDA
Road/Street/Block/Sector	MOKALI POST, ARAKALAGUDU T
Post Office	MUTHIGE
Area/Locality/Town/City	MALALIKERE
District	HASSAN
State/Union Territory	KARNATAKA
Country/Region	INDIA
PIN / ZIP CODE	573102

5. Passport Number — ☐

6. Taxpayer Identification Number in the Country of Residence — ☐

7. Contact Details — ✓

(i) Mobile Number	Country Code	91
	Mobile Number	9611010544
(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	SOMARAJEGOWDA

9. Mother's First Name — ☐

Mother's Middle Name	
Mother's Last Name	JAYAMMA

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

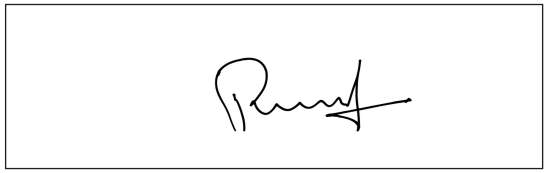
✓ (iv) Documentay proof in support of other changes ✓ (v) Copy of PAN

Verification & Declaration

a. I , ….RANGANATHA MALALIKERE SOMARAJEGOWDA 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…....09/07/2026



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

ಭಾರತ ಸರ್ಕಾರ

Government of India

ರಂಗನಾಥ ಎಮ್ ಎಸ್

Ranganatha M S

ಜನ್ಮ ದಿನಾಂಕ / DOB: 16/06/1971

ಪುರುಷ / Male

8831 0360 3974

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ

ಆಧಾರ್

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

Unique Identification Authority of India

ವಿಳಾಸ: ತಂದೆ / ತಾಯಿಯ ಹೆಸರು:
ಸೋಮರಾಜೆಗೌಡ, ಮೊಕಲಿ ಪೋಸ್ಟ್
ಅರಕಲಗೂಡು ತಾಲ್ಲೂಕು, ಮುತ್ತಿಗೆ
ಮಳಲೀಕೆರೆ, ಹಾಸನ, ಕರ್ನಾಟಕ, 573102

Address: S/O:
Somarajegowda, mokali
post, arakalagudu thaluku,
Muthige, Malalikere, Hassan,
Karnataka, 573102

8831 0360 3974

1947
1800 300 1947

help@uidai.gov.in

WWW
www.uidai.gov.in

national health authority
सत्यमेव जयते

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

Name/ ಹೆಸರು
Ranganatha M S
ರಂಗನಾಥ ಎಮ್ ಎಸ್

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ
91-7081-4061-8180

Abha Address/ ಅಭಾ ವಿಳಾಸ
sranganatha1606@abdm

Gender/ ಲಿಂಗ	Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ	Mobile/ ಮೊಬೈಲ್
Male / ಗಂಡು	**16-06-1971**	**9611010544**

national health authority
सत्यमेव जयते

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।

Karnataka Secondary Education Examination Board

CERTIFICATE

RANGANATHA M S

S/O SOMARAJEGOWDA   With date of birth 16/05/71

SIXTEENTH MAY SEVENTYONE   and Register No.

233294   appeared for the S.S.L.C. Examination of   APR-1987

and PASSED obtaining the following marks WITH KANNADA MEDIUM

SUBJECTS	MARKS MAX.	MARKS MIN.	MARKS OBTAINED	CLASS OBTAINED		NOTE
FIRST LANGUAGE I PAPER KANNADA II PAPER KANNADA	125	50	053			
SECOND LANGUAGE ENGLISH	100	30	035			
THIRD LANGUAGE HINDI	50	13	014			
CORE SUBJECTS MATHEMATICS	100	35	030			
SCIENCE	100	35	043			
SOCIAL STUDIES	100	35	042			
TOTAL	600		217	PASS		L032

TOTAL (in words) TWO HUNDRED AND SEVENTEEN ONLY

BANGALORE

Dated 23/05/87

Secretary,
Karnataka Secondary Education Examination Board

Certified that the cumulative record book No. [illegible] of the candidate is issued to him/her on

8/6/87

[illegible]
Signature of the Head of the Institution with the School Seal

Received by me on

M. S. Ranganatha
Signature of the candidate

आयकर विभाग

INCOME TAX DEPARTMENT

भारत सरकार

GOVT. OF INDIA

RANGANATHA

SOMARAJEGAUD

16/06/1975

640
7
80864

Permanent Account Number

AUFPR9204A

Signature