PAN CR-01

Request For Changes Or Correction in PAN Data

[For an Individual]

Permanent Account Number (PAN)
A S G P L 0 4 4 4 H

Aadhaar Number
5 3 1 0 8 7 3 4 6 6 0 2

Sr. No.	Tick Box	PART A - Personal Information

1. A. Name ☑

First Name: .

Middle Name:

Last Name: L E E L A V A T H I

B. Name *(as per Aadhaar)* ☑

L E E L A V A T H I

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

3. Date of Birth 0 1 / 0 1 / 1 9 7 1

4. Address ☑

Residence ☑ Office ☐ *(select one)*

Flat/Door/Building: # 3 9 , K O R A N N A H A L L I

Road/Street/Block/Sector: K O R E N A H A L L I

Post Office: A R A K E R E

Area/Locality/Town/City: A R 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

5. Passport Number ☐

6. Taxpayer Identification Number in the Country of Residence ☐

7. Contact Details ☑

(i) Mobile Number — Country Code: 9 1 Mobile Number: 9 4 4 9 1 3 0 3 9 2

(ii) Email ID: ganesh123bvr@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: S H I V A L I N G A P P A

9. Mother's First Name ☐

Mother's Middle Name:

Mother's Last Name: G A N G 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

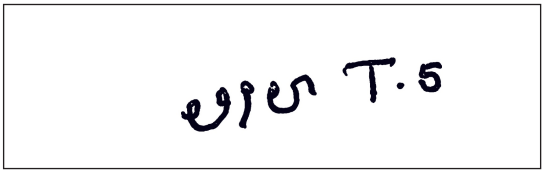
☑ (iv) Documentay proof in support of other changes ☑ (v) Copy of PAN

Verification & Declaration

a. I , ….LEELAVATHI……., 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……10/07/2026



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

ಭಾರತ ಸರ್ಕಾರ
Government of India

Aadhaar no. issued: 16/10/2013

ಲೀಲಾವತಿ
Leelavathi
ಜನ್ಮ ದಿನಾಂಕ/DOB: 01/01/1971
ಸ್ತ್ರೀ/ FEMALE

ಆಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯಾಗಿದೆ, ಪೌರತ್ವ ಅಥವಾ ಜನ್ಮ ದಿನಾಂಕದ ಪುರಾವೆ ಅಲ್ಲ. ಇದನ್ನು ಆನ್‌ಲೈನ್ ದೃಢೀಕರಣ ಅಥವಾ QR ಕೋಡ್ / ಆಫ್‌ಲೈನ್ XML ಸ್ಕ್ಯಾನಿಂಗ್‌ನೊಂದಿಗೆ 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)

5310 8734 6602

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

Details as on: 09/07/2026

ವಿಳಾಸ:
W/O: ಲೋಕೇಶ ಕೆ ಎಸ್, #39, ಕೋರನಹಳ್ಳಿ ಕೋರೆನಹಳ್ಳಿ, ಅರಕೆರೆ, ಹಾಸನ,
ಕರ್ನಾಟಕ - 573112

Address:
W/O: Lokesh K S, #39, Koranahalli, Korenahalli, PO: Arakere, DIST: Hasan,
Karnataka - 573112

5310 8734 6602
VID : 9106 6623 5263 1833

1947 | help@uidai.gov.in | www.uidai.gov.in

national health authority
सत्यमेव जयते

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

Name/ ಹೆಸರು
Leelavathi
ಲೀಲಾವತಿ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ
91-3007-2452-6136

Abha Address/ ಅಭಾ ವಿಳಾಸ
91300724526136@abdm

Gender/ ಲಿಂಗ	Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ	Mobile/ ಮೊಬೈಲ್
Female / ಹೆಣ್ಣು	01-01-1971	9449130392

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।


आयकर विभाग
INCOME TAX DEPARTMENT
भारत सरकार
GOVT. OF INDIA
स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
ASGPL0444H
नाम / Name
LEELAVATHI T S
पिता का नाम / Father's Name
SHIVALINGAPPA
जन्म की तारीख / Date of Birth
01/01/1971
हस्ताक्षर / Signature

ಲೀಲಾ T.S