PAN CR-01

Request For Changes Or Correction in PAN Data

[For an Individual]

Permanent Account Number (PAN)
F A G P M 8 2 1 6 M

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

Sr. No.	Tick Box	PART A - Personal Information

1. A. Name ☑

First Name	M A N J U N A T H A
Middle Name	B A N A V A R A
Last Name	P A R A M E S H A P P A

B. Name *(as per Aadhaar)* ☑

M A N J U N A T H A B P

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

3. Date of Birth — 0 6 / 0 1 / 2 0 0 8

4. Address ☑

☑ Residence ☐ Office *(select one)*

Flat/Door/Building	# 2 5 7
Road/Street/Block/Sector	K E N K E R E H A L L I
Post Office	B A N A V A R A
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

5. Passport Number ☐

6. Taxpayer Identification Number in the Country of Residence ☐

7. Contact Details ☑

(i) Mobile Number	Country Code	+ 9 1 — Mobile Number 8 8 6 1 6 4 9 9 5 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	P A R A M E S H A P P A
9. Mother's First Name ☐	
Mother's Middle Name	
Mother's Last Name	M A M A T H 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 , ….MANJUNATHA BANAVARA PARAMESHAPPA., 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…….11/07/2026

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

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ / Enrollment No.: 2825/07537/03300

To
ಮಂಜುನಾಥ ಬಿ ಪಿ
Manjunatha B P
S/O Parameshappa,
#257,
,,
,,
,,
VTC: Kenkerehalli, PO: Banavara,
Sub District: Arasikere, District: Hassan,
State: Karnataka,
PIN Code: 573112,
Mobile: 8861649952

75918594

KI759185944FE

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

5676 0341 8364

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ಭಾರತ ಸರ್ಕಾರ
Government of India
ಆಧಾರ್

Aadhaar no. Issued: 06/01/2016

ಮಂಜುನಾಥ ಬಿ ಪಿ
Manjunatha B P
ಜನ್ಮ ದಿನಾಂಕ / DOB: 06/01/2008
ಪುರುಷ / Male

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.)

5676 0341 8364

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

national health authority
सत्यमेव जयते

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

Name/ ಹೆಸರು
Manjunatha B P
ಮಂಜುನಾಥ ಬಿ ಪಿ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ
91-1562-8403-6159

Abha Address/ ಅಭಾ ವಿಳಾಸ
91156284036159@abdm

Gender/ ಲಿಂಗ	Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ	Mobile/ ಮೊಬೈಲ್
Male / ಗಂಡು	**06-01-2008**	**8861649952**

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

MINOR

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

FAGPM8216M

नाम / Name
MANJUNATHA B P

पिता का नाम/ Father's Name
PARAMESHAPPA

31102018

जन्म की तारीख/
Date of Birth
06/01/2008

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हस्ताक्षर/ Signature