

PAN CR-01

Request For Changes Or Correction in PAN Data
[For an Individual]

Permanent Account Number (PAN)

B V B P G 4 6 9 0 R

Aadhaar Number

9 7 6 0 8 7 3 6 6 1 2 0

Sr. No.

Tick
Box

PART A - Personal Information

1. ☐ A. Name

First Name

S A N G A N A K A L L U

Middle Name

K U R U B A

Last Name

G A D I L I N G A P P A

☐ B. Name (as per Aadhaar)

S K G A D I L I N G A P P A

2. ☐ Gender (select one)☒

Male

☐

Female

☐

Transgender

3. ☒ Date of Birth

0 1

0 1

1 9 6 8

4. ☒ Address☒

Residence

☐

Office

(select one)

Flat/Door/Building

W A R D N O 2 H O U S E N O 2 5 8

Road/Street/Block/Sector

A N D H R A L I N E , N E A R G O V T S C H

Post Office

S A N G A N K A L

Area/Locality/Town/City

S A N G A N K A L

District

B A L L A R I

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5 8 3 1 0 3

5. ☐ Passport Number6. ☐ Taxpayer Identification Number in the Country of Residence7. ☒ Contact Details

(i) Mobile Number

Country Code

9 1

Mobile Number

9 9 7 2 2 9 6 7 1 3

(ii) Email ID

gramaonesanganakalu01@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 I D D A P P A

9. ☐ Mother's First Name

Mother's Middle Name

Mother's Last Name

S A N G A N A K A L L U

K U R U B A

G O W R 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, ...**SANGANAKALLU KURUBA GADILINGAPPA**..., 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.....**BALLARI**

Date.....**16/07/2026**

SK ಗಾಡಲಿಂಗಪ್ಪ

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

 www.uidai.gov.in



Name/ಹೆಸರು

S K Gadilingappa

ಎಸ್ ಕೆ ಗಾದಿಲಿಂಗಪ್ಪ

ABHA number/ಅಭಾ ಸಂಖ್ಯೆ

91-2624-2245-1050

ABHA address/ಅಭಾ ವಿಳಾಸ

91262422451050@abdm



Gender/ಲಿಂಗ

Male/ಗಂಡು

Date of birth/ಹುಟ್ಟಿದ ದಿನಾಂಕ

01-01-1968

Mobile/ಮೊಬೈಲ್

9972296713

Instructions

Toll- Free Number: 1800114477

- 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
GADILINGAPPA
SIDDAPPA
01/01/1971
Permanent Account Number
BVBPG4690R
Signature SKN [Signature]

भारत सरकार
GOVT. OF INDIA

19042016