

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

Permanent Account Number (PAN)

B N Z P H 6 2 7 4 A

Aadhaar Number

8 1 6 2 6 0 7 9 0 4 4 1

Sr. No.

Tick
Box

PART A - Personal Information

1. ☒ A. Name

First Name

H I M A

Middle Name

M A L L A P P A N A H A L L I

Last Name

S H A D A K S H A R A P P A

☒ B. Name (as per Aadhaar)

H I M A M S

2. ☐ Gender (select one)☐

Male

☒

Female

☐

Transgender

3. ☐ Date of Birth

2

1

1

2

2

0

0

4

4. ☒ Address☒

Residence

☐

Office

(select one)

Flat/Door/Building

C / O S H A D A K S H A R I

Road/Street/Block/Sector

M A L L A P P A N A H A L L I

Post Office

K E R E S A N T H E

Area/Locality/Town/City

K E R E S A N T H E

District

C H I K K A M A G A L U R U

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

7

7

5

4

8

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

(i) Mobile Number

Country Code

9

1

Mobile Number

8

0

7

3

3

0

7

6

0

9

(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

S H A D A K S H A R A P P A

Father's Middle Name

M A L L A P P A N A H A L L I

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

B H A R A T H I

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, ...**HIMA MALLAPPANAHALLI SHADAKSHARAPPA** 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.....**CHIKKAMAGALURU**

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

A rectangular box containing a handwritten signature in black ink. The signature appears to be 'Hima M.S.' with a small circle above the 'i' in Hima.

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



ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No. : 0648/11008/04502

To

Hima M S

ಹಿಮ ಎಮ್ ಎಸ್

D/O: Shadakshari,

VTC: Keresanthe, PO: Keresanthe,

Sub District: Kadur, District: Chikkamagaluru,

State: Karnataka, PIN Code: 577548,

Mobile: 8073307609

39226492



KF392264928FI



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

8162 6079 0441

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India



Issue Date: 02/10/2015



ಹಿಮ ಎಮ್ ಎಸ್

Hima M S

ಜನ್ಮ ದಿನಾಂಕ / DOB: 21/12/2004

ಸ್ತ್ರೀ / Female

8162 6079 0441

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ದಿನಾಂಕ/ DATE: 10.08.2020

ದಿನಾಂಕ/ DATE: 10.08.2020

आयकर विभाग

INCOME TAX DEPARTMENT



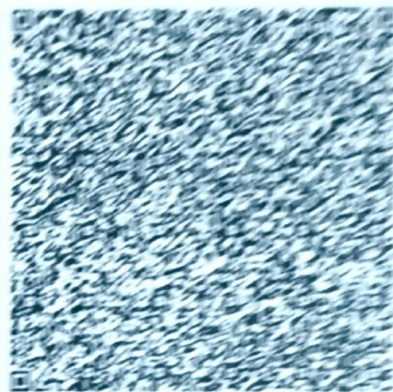
भारत सरकार

GOVT. OF INDIA

MINOR

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

BNZPH6274A



नाम / Name
HIMA M S

पिता का नाम / Father's Name
SHADAKSAHRI

जन्म की तारीख / Date of Birth
21/12/2004

हस्ताक्षर / Signature

4822963