PAN CR-01

Request For Changes Or Correction in PAN Data

[For an Individual]

Permanent Account Number (PAN)
B S H P S 5 4 4 9 H

Aadhaar Number
9 9 1 9 1 4 0 5 6 0 7 6

Sr. No.	Tick Box	PART A - Personal Information

1. A. Name — Tick

First Name: S U J A T H A

Middle Name: T H I M M E N A H A L L I

Last Name: R A N G E G O W D A

B. Name *(as per Aadhaar)* — Tick

S U J A T H A T R

2. Gender *(select one)* — Tick

Tick Male ☑ Female Tick Transgender

3. Date of Birth — Tick

1 6 0 5 1 9 8 1

4. Address — ☑

Tick ☑ Residence Tick Office *(select one)*

Flat/Door/Building: K A N A K A N I L A Y A

Road/Street/Block/Sector: S A N T H Y A M A N G A L A , N E A R G A N A P

Post Office: I N D R A N A G A R A

Area/Locality/Town/City: H A S S A N

District: H A S S A N

State/Union Territory: KARNATAKA Country/Region: INDIA PIN / ZIP CODE: 5 7 3 2 0 1

5. Passport Number — Tick

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

7. Contact Details — ☑

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

(ii) Email ID: raghussecomm@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 — Tick: T H I M M E N A H A L L I

Father's Middle Name: A N N E G O W D A

Father's Last Name: R A N G E G O W D A

9. Mother's First Name — Tick:

Mother's Middle Name:

Mother's Last Name: S H I V A M M A

10. Name of parent to be printed on Permanent Account Number card *(select one)* — ☑ Father Tick 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

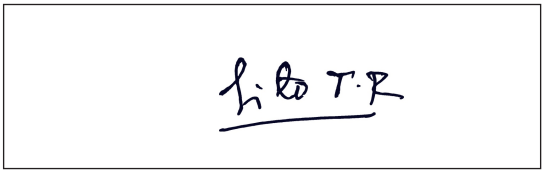
☑ (iv) Documentay proof in support of other changes ☑ (v) Copy of PAN

Verification & Declaration

a. I , …SUJATHA THIMMENAHALLI RANGEGOWDA.., 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…….17/07/2026



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

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ

Unique Identification Authority of India

Government of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ Enrolment No.: 1320/16080/00871

To
ಸುಜಾತ ಟಿ ಆರ್
Sujatha T R
W/O: Babu S A
kanaka nilaya
santhyamangala
near ganapathi temple
Gavenahalli
Hassan
Hasan Karnataka - 573201
9900992333

Download Date: 04/07/2018

Generation Date: 15/06/2013

Signature valid
Digitally signed by UNIQUE IDENTIFICATION AUTHORITY OF INDIA

QR Code with Photograph

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

9919 1405 6076

VID : 9105 5689 7580 1455

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ಭಾರತ ಸರ್ಕಾರ

Government of India

ಸುಜಾತ ಟಿ ಆರ್
Sujatha T R
ಜನ್ಮ ದಿನಾಂಕ/DOB: 16/05/1981
ಸ್ತ್ರೀ/FEMALE

9919 1405 6076

VID : 9105 5689 7580 1455

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

national health authority
सत्यमेव जयते

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

Name/ಹೆಸರು
Sujatha T R
ಸುಜಾತ ಟಿ ಆರ್

ABHA number/ಅಭಾ ಸಂಖ್ಯೆ
91-1525-5358-6545

ABHA address/ಅಭಾ ವಿಳಾಸ
sujathar19811616@abdm

Gender/ಲಿಂಗ	Date of birth/ಹುಟ್ಟಿದ ದಿನಾಂಕ	Mobile/ಮೊಬೈಲ್
Female/ಹೆಣ್ಣು	16-05-1981	9900992333

national health authority
सत्यमेव जयते

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

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

भारत सरकार
GOVT. OF INDIA

SUJATHA T R

THIMMENAHALLI ANNEGOWDA
RANGEGOWDA
16/05/1981
Permanent Account Number

BSHPS5449H

Signature

09022008