

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

Permanent Account Number (PAN)

K H F P S 7 5 2 9 A

Aadhaar Number

7 0 5 9 9 0 3 0 4 6 2 8

Sr. No.

Tick
Box

PART A - Personal Information

1. ☒ A. Name

First Name

K U R U B A

Middle Name

Last Name

S H I L P A

☒ B. Name (as per Aadhaar)

K S H I L P A

2. ☐ Gender (select one)☐

Male

☒

Female

☐

Transgender

3. ☒ Date of Birth

0 1

0 1

1 9 9 8

4. ☒ Address☒

Residence

☐

Office

(select one)

Flat/Door/Building

1 5 5 / 1

Road/Street/Block/Sector

1 S T W A R D

Post Office

K U N T O J I

Area/Locality/Town/City

K U N T O J I

District

K O P P A L

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5 8 3 2 8 2

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

(i) Mobile Number

Country Code

9 1

Mobile Number

7 4 8 3 9 1 8 1 9 7

(ii) Email ID

manjusp2025@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 R A N A

Father's Middle Name

Father's Last Name

B A S A V A

9. ☐ Mother's First Name

Mother's Middle Name

Mother's Last Name

N A 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, ...**KURUBA SHILPA**....., 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.....**KOPPAL**

Date.....**19/07/2026**

A rectangular box containing a handwritten signature in black ink. The signature appears to be 'K. Shilpa' written in a cursive style.

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



ಭಾರತೀಯ ವಿಕಿೃತ ಗುರುತು ಪ್ರಾಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ

Unique Identification Authority of India

Government of India

ಸೋದರ ಸಂಖ್ಯೆ Enrolment No.: 0821/83773/06738

To
K Sripa
C/O Yamanappa
155/1
1st ward
Kuntaji
Kuntaji
Bargoor
Koppal Karnataka - 583282
7483918197

Download Date: 28/06/2018

Download Date: 28/06/2018

Signature valid



QR code with biometric

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

7059 9030 4628

VID : 9168 0777 7468 0826

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India



K Sripa
C/O Yamanappa
DOB: 01/01/1998
FEMALE

7059 9030 4628

VID : 9168 0777 7468 0826

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು





**national
health
authority**

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



Name/ ಹೆಸರು

K Shilpa

ಕೆ ಶಿಲ್ಪಾ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

91-2475-1338-6679

Abha Address/ ಅಭಾ ವಿಳಾಸ

91247513386679@abdm



Gender/ ಲಿಂಗ
Female / ಹೆಣ್ಣು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ
01-01-1998

Mobile/ ಮೊಬೈಲ್
7483918197



**national
health
authority**

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

KHFPS7529A



नाम/ Name
SHILPA

पिता का नाम/ Father's Name
SHARANA BASAVA

जन्म की तारीख/ Date of Birth
31/03/1998

K. Shilpa
हस्ताक्षर/ Signature



24030318