PAN CR-01

Request For Changes Or Correction in PAN Data

[For an Individual]

Permanent Account Number (PAN)
A A O P C 0 1 2 9 Q

Aadhaar Number
4 4 1 7 2 2 2 5 5 1 4 3

Sr. No.	Tick Box	PART A - Personal Information

1. A. Name ☑

First Name: K R I S H N A M U R T H Y

Middle Name:

Last Name: C H A N D R A S H E K A R

B. Name *(as per Aadhaar)* ☑

K C H A N D R A S H E K A R

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

3. Date of Birth 1 0 / 0 4 / 1 9 5 3

4. Address ☑

☑ Residence ☐ Office *(select one)*

Flat/Door/Building: C / O J M K R I S H N A M U R T H Y

Road/Street/Block/Sector: 5 T H M A I N K A V E R I H I G H S C H O O

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

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 2 2 0 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: 9 4 4 9 9 6 4 0 5 8

(ii) Email ID: chandrashekar1024@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 ☑ J A M B U R

Father's Middle Name: M A N J J Y A

Father's Last Name: K R I S H N A M U R T H Y

9. Mother's First Name ☐ K R I S H N A M U R T H Y

Mother's Middle Name:

Mother's Last Name: V E N K A T A L A K S H M 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 , ….KRISHNAMURTHY CHANDRASHEKAR....., 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…....21/07/2026

(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 Enrolment No.: 0000/00727/63945

To
ಕೆ ಚಂದ್ರಶೇಖರ್
K Chandrashekar
S/O: Late J M Krishna Murthy,
karthik,
5th main kaveri HIGH SCHOOL ROAD,
shanthi nagara,
VTC: Hassan,
PO: Vidyanagar (hassan),
Sub District: Alur,
District: Hassan,
State: Karnataka,
PIN Code: 573202,
Mobile: 9449964058

Signature valid

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

4417 2225 5143

VID : 9155 9151 6348 3223

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಕೆ ಚಂದ್ರಶೇಖರ್
K Chandrashekar
ಜನ್ಮ ದಿನಾಂಕ/DOB: 10/04/1953
ಪುರುಷ/ MALE

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)

4417 2225 5143

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

national health authority

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

Name/ ಹೆಸರು
K Chandrashekar
ಕೆ ಚಂದ್ರಶೇಖರ್

Abha Number/ ಆಭಾ ಸಂಖ್ಯೆ
91-6880-4044-2065

Abha Address/ ಆಭಾ ವಿಳಾಸ
91688040442065@abdm

Gender/ ಲಿಂಗ
Male / ಗಂಡು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ
10-04-1953

Mobile/ ಮೊಬೈಲ್
9449964058

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 संग्रहित 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।

GOVERNMENT OF MYSORE

DEPARTMENT OF PUBLIC INSTRUCTION

State Educational Research Bureau
and
Bureau of Educational and Vocational Guidance

CUMULATIVE RECORD

NAME OF THE PUPIL (In Block Letters): K. CHANDRA SHEKARA

FATHER'S NAME: J. M. Krishna Murthy

DATE OF OPENING: 2-6-65

C No. 49283

SEAL(S) OF THE SCHOOL(S)

St. Joseph's High School, Hassan.

1. .....

2. MUNICIPAL HIGH SCHOOL, ...

3. ..... 4/6/71

4. ..... 12/6/70

5. .....

स्थायी लेखा संख्या /PERMANENT ACCOUNT NUMBER

AAOPC0129Q

नाम /NAME

KRISHNAMURTHY CHANDRASHEKAR

पिता का नाम /FATHER'S NAME

JAMBUR MANJJYA KRISHNAMURTHY

जन्म तिथि /DATE OF BIRTH

10-04-1953

हस्ताक्षर /SIGNATURE

मुख्य आयकर आयुक्त, कर्नाटक एवं गोवा

Chief Commissioner of Income-tax, Karnataka & Goa