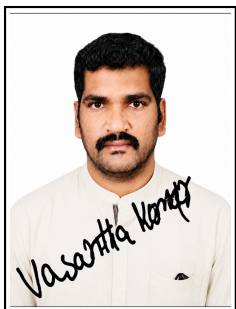


Request For Changes Or Correction in PAN Data
[For an Individual]

Permanent Account Number (PAN)

B O G P V 9 4 4 9 K

Aadhaar Number

2 3 3 1 9 8 0 3 2 8 6 4

Sr. No.

Tick
Box

PART A - Personal Information

1. ☐ A. Name

First Name

V

A

S

A

N

T

H

Middle Name

Last Name

K

U

M

A

R

☐ B. Name (as per Aadhaar)

V

A

S

A

N

T

H

K

U

M

A

R

2. ☐ Gender (select one)☒

Male

☐

Female

☐

Transgender

3. ☐ Date of Birth

0

1

0

1

1

9

8

1

4. ☒ Address☒

Residence

☐

Office

(select one)

Flat/Door/Building

5

2

7

Road/Street/Block/Sector

N

E

A

R

R

T

O

O

F

F

I

C

E

Post Office

S

R

I

R

A

M

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

(i) Mobile Number

Country Code

9

1

Mobile Number

9

5

3

8

7

0

0

4

2

9

(ii) Email ID

naveenagowda255@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

T

H

I

M

M

E

G

O

W

D

A

9. ☐ Mother's First Name

Mother's Middle Name

Mother's Last Name

S

U

S

H

E

E

L

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, ...**VASANTH.KUMAR**....., 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**

A rectangular box containing a handwritten signature in black ink. The signature appears to read "Vasantha Kumar" in a cursive script.

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

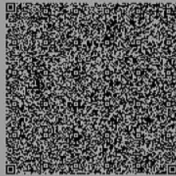


ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

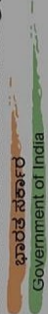
ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 2017/60030/17287

To
ವಸಂತ್ ಕುಮಾರ್
S/O: Thummegowda,
527,
Near R T O Office,
Srirama Nagala,
VTC: Hassan,
PO: Hassan,
Sub District: Alur,
District: Hassan,
State: Karnataka,
PIN Code: 573201,
Mobile: 9538700429



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :
2331 9803 2864
VID : 9125 7176 5751 1258

ନିଉନ୍ ନିଉନ୍



ವಸಂತ್ ಕುಮಾರ್
Vasanth Kumar
ಜನ್ಮ ದಿನಾಂಕ/DOB: 01/01/1981
ಲಿಂಗ/ GENDER: 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).
ಆಧಾರ್ ಸದ್ಭಾವನೆ: ದೇಶೀಯತೆ ಅಥವಾ ಜನ್ಮದ ದಿನಾಂಕದ ಪ್ರಮಾಣವಲ್ಲ. ಇದನ್ನು ಮಾತ್ರ ಸಾಬೀತು ಪಡಿಸಲು (ಆನ್‌ಲೈನ್ XML ಅಥವಾ QR ಕೋಡ್ / ಆಫ್‌ಲೈನ್ XML) ವರದಿ ಮಾಡುವುದು ಅಗತ್ಯ.

2331 9803 2864

ಗುರುತು



ಮಾಹಿತಿ / INFORMATION

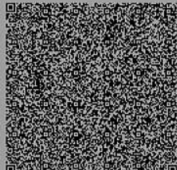
- [illegible]



ವಿಶ್ವಾಸ
ತಂದೆ
ಕಛೇರಿ
ಕರ್ನಾಟಕ

ಮಿಯ ಹೆಸರು: ಶ್ರೀಮೇಗೌಡ, # 527, ಆರ್.ವಿ.ಪಿ.
ಹೆಸರು: ಶ್ರೀರಾಮ ನಗರ ಹಾಸನ, ಹಾಸನ, ಹಾಸನ,
573201

Address:
S/O: Thimmegowda, # 527, Near R T O Office,
Srirama Naraya, Hassan, PO: Hassan, DIST: Hassan
Karnataka - 573201



2331 9803 2864
VID : 9125 7176 5751 125

1947 | help@uidai.gov.in | www.uidai.gov.in



**national
health
authority**

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



Name/ ಹೆಸರು

Vasanth Kumar

ವಸಂತ್ ಕುಮಾರ್

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

91-5401-0774-5247

Abha Address/ ಅಭಾ ವಿಳಾಸ

vasanthkumar198101@abdm



Gender/ ಲಿಂಗ
Male / ಗಂಡು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ
01-01-1981

Mobile/ ಮೊಬೈಲ್
9538700429



**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।

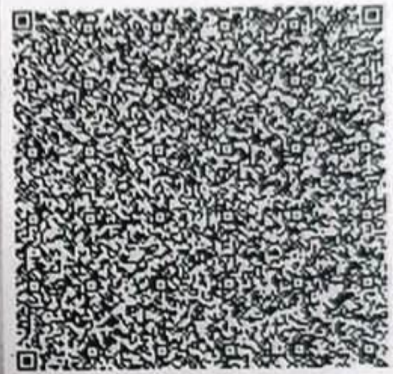
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
BOGPV9449K



नाम / Name
VASANTH KUMAR

पिता का नाम / Father's Name
THIMMEGOWDA

03092018

जन्म की तारीख /
Date of Birth
01/01/1981

Vasanth Kumar
हस्ताक्षर / Signature