

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

Permanent Account Number (PAN)

H B D P R 2 6 7 5 K

Aadhaar Number

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

Sr. No.

Tick
Box

PART A - Personal Information

1. ☒ A. Name

First Name

Y A T H E E S H

Middle Name

C H I K K O N D I H A L L I

Last Name

R A V I K U M A R

☒ B. Name (as per Aadhaar)

Y A T H E E S H C R

2. ☐ Gender (select one)☒

Male

☐

Female

☐

Transgender

3. ☐ Date of Birth

2 3

0 2

2 0 0 6

4. ☒ Address☒

Residence

☐

Office

(select one)

Flat/Door/Building

C / O R A V I K U M A R C L L I N G E G O W

Road/Street/Block/Sector

M A I N R O A D S I D E

Post Office

S A T H A N G E R E

Area/Locality/Town/City

C H I K K O N D I H A L L I

District

H A S S A N

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5 7 3 1 4 4

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

(i) Mobile Number

Country Code

9 1

Mobile Number

6 3 6 1 3 2 7 6 6 5

(ii) Email ID

srvinayakacomputerdmk@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

L I N G E G O W D A

Father's Middle Name

R A V I K U M A R

Father's Last Name

C H I K K O N D I H A L L I

9. ☐ Mother's First Name

B H A R A T H I

Mother's Middle Name

G A R J E

Mother's Last Name

D O D D A I A H

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 ,**YATHEESH.CHIKKONDIHALLI RAVIKUMAR**...., 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.....**23/07/2026**

A rectangular box containing a handwritten signature in black ink. The signature appears to be 'Yatheesh.C.R.' with a stylized flourish at the end.

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



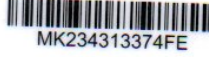
ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

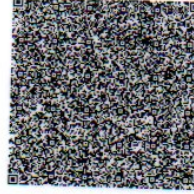
ನೋಂದಣಿ ಸಂಖ್ಯೆ / Enrollment No.: 0648/16398/31313

To
ಯತೀಶ್ ಸಿ ಆರ್
Yatheesh C R
C/O: C L Ravikumar,
Main Road Side,
VTC: Chikkondihalli,
PO: Sathangere,
Sub District: Arasikere, District: Hassan,
State: Karnataka,
PIN Code: 573144,
Mobile: 6361327665

23431337



MK234313374FE



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

9756 5453 0082

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India



Aadhaar no. issued: 09/05/2014



ಯತೀಶ್ ಸಿ ಆರ್
Yatheesh C R
ಜನ್ಮ ದಿನಾಂಕ / DOB : 23/02/2006
ಪುರುಷ / Male

ಆಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯಾಗಿದೆ, ಪೌರತ್ವ ಅಥವಾ ಜನ್ಮ ದಿನಾಂಕದ ಪುರಾವೆ ಅಲ್ಲ. ಇದನ್ನು ಆನ್‌ಲೈನ್ ವೈಧಿಕೀಕರಣ ಅಥವಾ QR ಕೋಡ್ / ಆಫ್‌ಲೈನ್ XML ಸ್ಕ್ಯಾನಿಂಗ್‌ನೊಂದಿಗೆ ಮಾತ್ರ ಬಳಸಬೇಕು.

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)

9756 5453 0082

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22358889

आयकर विभाग

INCOME TAX DEPARTMENT



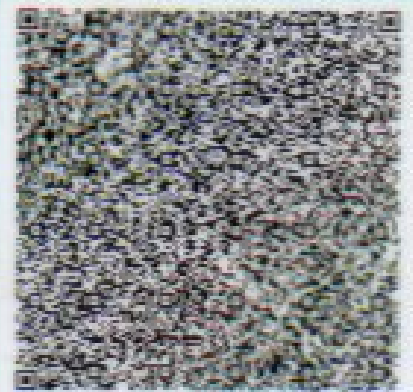
भारत सरकार

GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

HBDPR2675K



नाम / Name

YATHISHA C R

पिता का नाम / Father's Name

LINGEGOWDA RAVIKUMARA

CHIKKONDIHALLI

जन्म की तारीख / Date of Birth

23/02/2006

हस्ताक्षर / Signature

0253190