

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

Permanent Account Number (PAN)

B Y S P D 7 9 5 2 F

Aadhaar Number

8 6 3 5 6 5 8 5 0 2 1 5

Sr. No.

Tick
Box

PART A - Personal Information

1. ☒ A. Name

First Name

D I V Y A

Middle Name

H I R E B E L A G U L I

Last Name

N A G A R A J U

☒ B. Name (as per Aadhaar)

D I V Y A H N

2. ☐ Gender (select one)☐

Male

☒

Female

☐

Transgender

3. ☒ Date of Birth

2 7

0 2

1 9 8 9

4. ☒ Address☒

Residence

☐

Office

(select one)

Flat/Door/Building

W / O L O K E S H H K

Road/Street/Block/Sector

H I R E B E L A G U L I

Post Office

H O L E N A R S I P U R

Area/Locality/Town/City

District

H A S S A N

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5 7 3 2 1 1

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

(i) Mobile Number

Country Code

9 1

Mobile Number

9 4 4 9 5 4 2 7 6 4

(ii) Email ID

yukthainsurance@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

H I R E B E L A G U L I

Father's Middle Name

A N N A J A P P A

Father's Last Name

N A G A R A J U

9. ☐ Mother's First Name

Mother's Middle Name

Mother's Last Name

L A K S H M 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 , ...**DIVYA HIREBELAGULI NAGARAJU**....., 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.....**24/07/2026**



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



ಭಾರತ ಸರ್ಕಾರ
Government of India

Aadhaar no. issued: 01/02/2012



ದಿವ್ಯ ಹೆಚ್ ಎನ್
Divya H N
ಜನ್ಮ ದಿನಾಂಕ/DOB: 27/02/1989
ಸ್ತ್ರೀ/FEMALE

ಆಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯಾಗಿದೆ, ಪೌರತ್ವ ಅಥವಾ ಜನ್ಮ ದಿನಾಂಕದ ಪುರಾವೆ
ಅಲ್ಲ. ಇದನ್ನು ಅನ್‌ಲೈನ್ ದೃಢೀಕರಣ 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)

8635 6585 0215

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

Unique Identification Authority of India



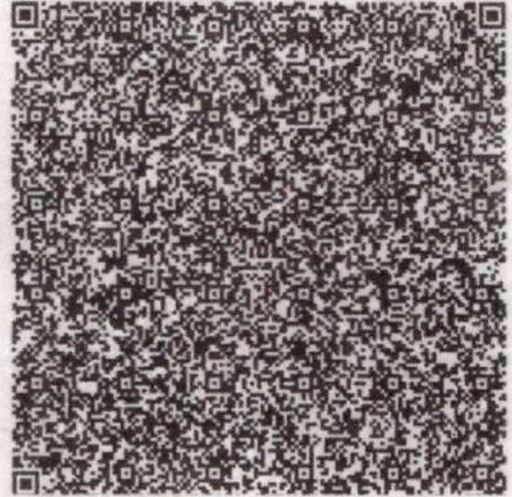
ವಿಳಾಸ:

W/O ಲೋಕೇಶ್ ಹೆಚ್ ಕೆ, ಹಿರೇಬೇಲಗುಲಿ,
ಹೊಳೆನರಸೀಪುರ, ಹಾಸನ,
ಕರ್ನಾಟಕ - 573211

Details as on: 13/07/2024

Address:

W/O Lokesh H K, Hirebelaguli, PO:
Holenarsipur, DIST: Hassan,
Karnataka - 573211



8635 6585 0215

VID : 9135 2333 9795 9716



1947



help@uidai.gov.in



www.uidai.gov.in



**national
health
authority**

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



Name/ ಹೆಸರು

Divya H N

ದಿವ್ಯ ಹೆಚ್ ಎನ್

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

91-7646-5471-8759

Abha Address/ ಅಭಾ ವಿಳಾಸ

91764654718759@abdm



Gender/ ಲಿಂಗ
Female / ಹೆಣ್ಣು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ
27-02-1989

Mobile/ ಮೊಬೈಲ್
9449542764



**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

H N DIVYA



भारत सरकार

GOVT. OF INDIA

HIREBELAGULI ANNAJAPPA NAGARAJU

27/07/1989

Permanent Account Number

BYSPD7052F

Divya H.N.
Signature

