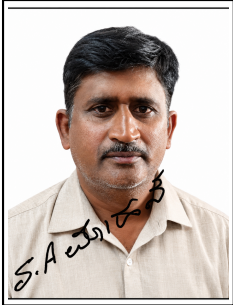


Request For Changes Or Correction in PAN Data
[For an Individual]

Permanent Account Number (PAN)

B W X P M 1 4 2 8 G

Aadhaar Number

6 0 7 2 8 7 1 3 6 8 6 0

Sr. No.

Tick
Box

PART A - Personal Information

1. ☒ A. Name

First Name

M O H A N

Middle Name

S H A N E G E R E

Last Name

A M B A R I S H

☒ B. Name (as per Aadhaar)

M O H A N S A

2. ☐ Gender (select one)☒

Male

☐

Female

☐

Transgender

3. ☒ Date of Birth

0 9

0 7

1 9

8 1

4. ☒ Address☒

Residence

☐

Office

(select one)

Flat/Door/Building

5 9 A N G A N A V A D I P A K K A

Road/Street/Block/Sector

A R S I K E R E S H A N E G E R E

Post Office

S H A N E G E R E

Area/Locality/Town/City

A R A S I K E R E

District

H A S S A N

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5 7 3 1 1 2

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

(i) Mobile Number

Country Code

9 1

Mobile Number

8 6 1 8 5 8 1 8 0 1

(ii) Email ID

ganesh123bvr@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

A M B A R I S H

9. ☐ Mother's First Name

Mother's Middle Name

Mother's Last Name

A M B I K 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

☒

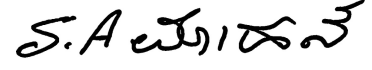
(v) Copy of PAN

Verification & Declaration

a. I, ...**MOHAN SHANEGERE AMBARISH**....., 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

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/Enrolment No.: 4064/35065/00087

To
ಮೋಹನ್ ಮ್ಯಾನ್
Mohan S A
S/O Ambarish,
#59 anganavadi pakka shanegere,
shanegere post,
arsikere taluk hassan district,
VTC: Shanegere,
PO: Shanegere,
Sub District: Arasikere,
District: Hassan,
State: Karnataka,
PIN Code: 573112,
Mobile: 8618581801

Signature valid

Digitally signed by S. S. Unique
Identification Authority of India
Date: 2024.05.12 12:10:46
GMT+05:30

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

6072 8713 6860

VID : 9117 3611 9690 8221

నన్న ఆధారం, నన్న గురుతు



ಭಾರತ ಸರ್ಕಾರ
Government of India

Aadhaar no. issued: 01/10/2013



ಮೋಹನ್ ಎಸ್ ಎ
Mohan S A
ಜನ್ಮ ದಿನಾಂಕ/DOB: 04/07/1981
ಪುರುಷ/ MALE

ಅಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯಾಗಿದೆ, ಪೌರತ್ವ ಅಥವಾ ಬಿನ್ನ ದಿನಾಂಕದ ಪುರಾವೆ ಅಲ್ಲ. ಇದನ್ನು ಅನ್‌ಲೈನ್ ದೃಢೀಕರಣ ಅಥವಾ QR ಕೋಡ್ / ಅನ್‌ಲೈನ್ XML ಸ್ವಾ ನಿರ್ಗಮನದಿಗಾಗಿ 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)

6072 8713 6860

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



**national
health
authority**

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



Name/ ಹೆಸರು

Mohan S A

ಮೋಹನ್ ಎಸ್ ಏ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

91-5436-5448-8435

Abha Address/ ಅಭಾ ವಿಳಾಸ

91543654488435@abdm



Gender/ ಲಿಂಗ
Male / ಗಂಡು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ
04-07-1981

Mobile/ ಮೊಬೈಲ್
8618581801



**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

S A MOHAN

AMBARISH

04/07/1981

Permanent Account Number

BWXPM1428G

S. A. मोहन

Signature



24082012