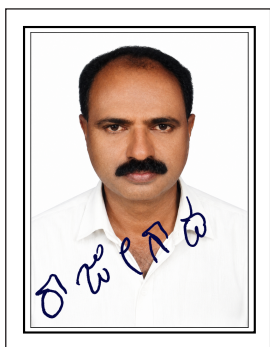


Request For Changes Or Correction in PAN Data  
[For an Individual]

Permanent Account Number (PAN)

C J N P R 5 0 5 5 G

Aadhaar Number

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

Sr. No.

Tick  
Box

## PART A - Personal Information

1. ☒ A. Name

First Name

Middle Name

Last Name

R A J E G O W D A

☒ B. Name (as per Aadhaar)

R A J E G O W D A

2. ☐ Gender (select one)☒

Male

☐

Female

☐

Transgender

3. ☒ Date of Birth

0

1

0

1

1

9

6

5

4. ☒ Address☒

Residence

☐

Office

(select one)

Flat/Door/Building

9

Road/Street/Block/Sector

B E L U R R O A D

Post Office

Area/Locality/Town/City

G U D D E N A H A L L I J O D I H A N D A N K E R

District

H A S S A N

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

7

3

2

1

7

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

(i) Mobile Number

Country Code

9

1

Mobile Number

9

7

4

0

6

2

5

6

9

4

(ii) Email ID

patelzerox1415@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

T

O

P

E

Father's Middle Name

Father's Last Name

G

O

W

D

A

9. ☐ Mother's First Name

Mother's Middle Name

Mother's Last Name

H

O

M

B

A

L

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 &amp; 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, ...**RAJEGOWDA**....., 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.....**25/07/2026**



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





ಭಾರತೀಯ ವಿಕಿತ್ಯ ಗುರುತು ಪ್ರಾಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ

Unique Identification Authority of India  
Government of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ Enrolment No.: 2017/78219/81902

Download Date: 07/07/2018

To  
ರಾಜೇಗೌಡ  
Rajegowda  
S/O: Topegowda  
# 9  
Belur road  
Guddenahalli  
Jodihandankere  
Hassan Karnataka - 573217  
9740625694

Generation Date: 28/07/2017

Signature valid

Digitally signed by  
UNIQUE IDENTIFICATION  
AUTHORITY OF INDIA  
Date: 2018.07.27 15:04:42  
IST



QR Code with Photograph

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

6221 7020 2823

VID : 9101 1521 3714 1560

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ

Government of India



ರಾಜೇಗೌಡ  
Rajegowda  
ಜನ ದಿನಾಂಕ/DOB: 01/01/1965  
ಪುರುಷ/ MALE



6221 7020 2823

VID : 9101 1521 3714 1560

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು





Name/ ಹೆಸರು

**Rajegowda**

ರಾಜೇಗೌಡ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

**91-1568-6835-6486**

Abha Address/ ಅಭಾ ವಿಳಾಸ

**91156868356486@abdm**



Gender/ ಲಿಂಗ

**Male / ಗಂಡು**

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ

**01-01-1965**

Mobile/ ಮೊಬೈಲ್

**9740625694**

**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](http://www.abha.abdm.gov.in), it is digitally acceptable.  
यदि यह कार्ड खो जाता है तो कृपया इसे [www.abha.abdm.gov.in](http://www.abha.abdm.gov.in) से डाउनलोड करें, यह डिजिटल रूप से स्वीकार्य है।



आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

RAJE GOWDA

THOPE GOWDA

08/07/1966

Permanent Account Number

CJNPR5055G

राजगोडा

Signature



29112016





**Indian Union Driving Licence**  
Issued by Transport Department, Government of KARNATAKA



**KA13 20260000196**

| Issue Date | Validity(NT) | Validity (TR)* |
|------------|--------------|----------------|
| 12-01-2026 | 11-01-2031   |                |



Holder's Signature

Date of First Issue (18-01-2026)

Name: RAJEGOWDA

Date of Birth: 01-01-1965

Blood Group:

Organ Donor: N

Son/Daughter/Wife of: TOPEGOWDA

Address:

# 9 BELUR ROAD JODIHANDANKERE GUDDENAHALLI ALUR HASSAN  
KARNATAKA 573217

DTA04449862

DL No : KA13 20260000196



Invalid Carriages (Regn. Numbers)\*

Hazardous Validity\* Hill Validity\*

| Class of Vehicle | Code | Issued by | Date of Issue | Vehicle Category | Badge Number | Badge Issued Date | Badge Issued by |
|------------------|------|-----------|---------------|------------------|--------------|-------------------|-----------------|
|                  | MCWG | KA13      | 12-01-2026    | NT               |              |                   |                 |
|                  | LMV  | KA13      | 12-01-2026    | NT               |              |                   |                 |
|                  |      |           |               |                  |              |                   |                 |
|                  |      |           |               |                  |              |                   |                 |
|                  |      |           |               |                  |              |                   |                 |
|                  |      |           |               |                  |              |                   |                 |

Emergency Contact Number

  
Licensing Authority  
HASSAN RTO

Form 7 Rule 16(2)