

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

Permanent Account Number (PAN)

H Z S P S 5 5 5 6 M

Aadhaar Number

5 1 8 1 2 7 7 9 8 2 2 0

Sr. No.

Tick
Box

PART A - Personal Information

1. ☐ A. Name

First Name

T H R I S H U L A

Middle Name

H A R U V A N A H A L L I

Last Name

S A N J E E V E G O W D A

☐ B. Name (as per Aadhaar)

T H R I S H U L A H S

2. ☐ Gender (select one)

Male



Female



Transgender

3. ☐ Date of Birth

0

2

0

5

1

9

8

5

4. ☒ Address

Residence



Office

(select one)

Flat/Door/Building

C / O S A N J E E V E G O W D A

Road/Street/Block/Sector

Y E L A G U N D A

Post Office

S A J J E N A H A L L I

Area/Locality/Town/City

H A S A N

District

H A S S A N

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

7

3

2

1

9

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

(i) Mobile Number

Country Code

9

1

Mobile Number

9

9

0

0

8

8

1

4

4

5

(ii) Email ID

thrishulgowdahs9900@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

S A N J E E V E G O W D A

9. ☐ Mother's First Name

Mother's Middle Name

Mother's Last Name

P A L A K S H 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,**THRISHULA HARUVANAHALLI SANJEEVGOWDA** 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.....**28/07/2026**

A handwritten signature in blue ink, appearing to read 'Thrishula H.S.', enclosed within a rectangular box.

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



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India



ವಿಳಾಸ:

S/O: ಸಂಜೀವೇಗೌಡ, , , , ಯಲಗುಂದ,
ಸಜ್ಜಿನಹಳ್ಳಿ, ಹಾಸನ, ಕರ್ನಾಟಕ - 573219

Address:

S/O: Sanjeevegowda, , , , Yelagunda,
Sajjenahalli, Hasan, Karnataka - 573219



5181 2779 8220



1947



help@uidai.gov.in



www.uidai.gov.in



ಭಾರತ ಸರ್ಕಾರ
Government of India



ತ್ರಿಶೂಲ ಎಚ್ ಎಸ್

Thrishula H S

ಜನ್ಮ / DOB : 02/05/1985

ಪುರುಷ / MALE

9900881445

5181 2779 8220

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



Name/ ಹೆಸರು

Thrishula H S

ತ್ರಿಶೂಲ ಹೆಚ್ ಎಸ್

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

91-2142-1312-8785

Abha Address/ ಅಭಾ ವಿಳಾಸ

91214213128785@abdm



Gender/ ಲಿಂಗ
Male / ಗಂಡು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ
02-05-1985

Mobile/ ಮೊಬೈಲ್
9900881445

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

HZSPS5556M

नाम / Name
THRISHULA H S

पिता का नाम / Father's Name
SANJEEVEGOWDA

जन्म की तारीख / Date of Birth
02/05/1985

Thrishula H S

हस्ताक्षर / Signature

