PAN CR-01

Request For Changes Or Correction in PAN Data

[For an Individual]

Permanent Account Number (PAN)
B Z Z P J 0 0 7 3 K

Aadhaar Number
5 4 2 0 6 5 5 7 7 0 9 3

Sr. No.	Tick Box	PART A - Personal Information

1. Tick **A. Name**

First Name	M A H A B U B
Middle Name	J A N
Last Name	M A H A B O O B

Tick **B. Name** *(as per Aadhaar)*

M A H A B U B J A N M

2. Tick **Gender** *(select one)* — Tick Male ☑ Female Tick Transgender

3. Tick **Date of Birth** — 1 4 / 0 8 / 1 9 9 8

4. ☑ **Address**

Tick ☑ Residence Tick Office *(select one)*

Flat/Door/Building	C / O B A D U L L A
Road/Street/Block/Sector	D O D D A K U R U G O D U
Post Office	D O D D A K U R U G O D U
Area/Locality/Town/City	K U D U M A L A K U N T E , G A U R I B I D A N U
District	C H I K K A B A L L A P U R
State/Union Territory	KARNATAKA
Country/Region	INDIA
PIN / ZIP CODE	5 6 1 2 0 8

5. Tick **Passport Number**

6. Tick **Taxpayer Identification Number in the Country of Residence**

7. ☑ **Contact Details**

(i) Mobile Number	Country Code	+ 9 1 — Mobile Number 9 3 8 0 8 6 9 0 9 9
(ii) Email ID		ravi888000888@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. Tick	**Father's First Name**	K A S I M
	Father's Middle Name	
	Father's Last Name	S A B
9. Tick	**Mother's First Name**	
	Mother's Middle Name	
	Mother's Last Name	K A S I M B I

10. **Name of parent to be printed on Permanent Account Number card** *(select one)* ☑ Father Tick 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 , ….MAHABUB JAN MAHABOOB....., 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……..CHIKKABALLAPUR

Date…….....29/07/2026

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

भारत सरकार

आधार

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: S132/08774/27390

To
ಮಹಬೂಬ್ ಜಾನ್ ಎಮ್
Mahabub Jan M
C/O Badulla,
#,
#,
kudumalakunte,
Gauribidanuru,
VTC: Kudumalakunte,
PO: Doddakurugodu,
Sub District: Gauribidnur,
District: Chikkaballapur,
State: Karnataka,
PIN Code: 561208
Mobile: 9380869099

Signature Valid
Digitally signed by UIDAI Unique Identification Authority of India
06
Date: 2026 17:59:12
IST

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :
5420 6557 7093
VID : 9101 8557 5676 8289

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಮಹಬೂಬ್ ಜಾನ್ ಎಮ್
Mahabub Jan M
ಜನ್ಮ ದಿನಾಂಕ/DOB: 14/08/1998
ಸ್ತ್ರೀ/ FEMALE

Aadhaar no. issued: 17/11/2013

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

5420 6557 7093

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

national health authority

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

Name/ ಹೆಸರು
Mahabub Jan M
ಮಹಬೂಬ್ ಜಾನ್ ಎಮ್

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ
91-4171-3620-7848

Abha Address/ ಅಭಾ ವಿಳಾಸ
91417136207848@abdm

Gender/ ಲಿಂಗ	Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ	Mobile/ ಮೊಬೈಲ್
Female / ಹೆಣ್ಣು	**14-08-1998**	**9632184094**

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

सत्यमेव जयते

भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

BZZPJ0073K

नाम /Name
MAHABUB JAN M

पिता का नाम / Father's Name
KASIM SAB

जन्म की तारीख /
Date of Birth
14/08/1998

हस्ताक्षर / Signature