

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



Permanent Account Number (PAN)

H T O P R 9 8 8 5 Q

Aadhaar Number

3 2 3 3 1 5 2 3 8 4 0 2

Sr. No.

Tick
Box

PART A - Personal Information

1. ☐ A. Name

First Name

R

E

K

H

A

Middle Name

S

H

A

M

A

P

P

A

Last Name

K

A

V

A

L

I

☐ B. Name (as per Aadhaar)

R

E

K

H

A

S

K

2. ☐ Gender (select one)☐

Male

☒

Female

☐

Transgender

3. ☐ Date of Birth

2

2

0

7

2

0

0

7

4. ☒ Address☒

Residence

☐

Office

(select one)

Flat/Door/Building

C

/

O

S

H

A

M

A

P

P

A

N

K

Road/Street/Block/Sector

K

U

M

B

A

R

A

H

A

L

L

I

Post Office

K

A

M

B

A

R

A

H

A

L

L

I

Area/Locality/Town/City

S

A

K

A

L

E

S

H

P

U

R

A

District

H

A

S

S

A

N

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

7

3

1

3

7

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

(i) Mobile Number

Country Code

9

1

Mobile Number

9

9

4

5

6

5

6

2

4

(ii) Email ID

shamappank@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

S

H

A

M

A

P

P

A

Father's Middle Name

N

A

R

A

S

A

Y

Y

A

Father's Last Name

K

A

V

A

L

I

9. ☐ Mother's First Name

K

A

V

I

T

H

A

Mother's Middle Name

S

H

A

M

A

P

P

A

Mother's Last Name

K

A

V

A

L

I

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, ...**REKHA.SHAMAPPA KAVALI**....., 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.....**29/07/2026**



(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.: 0804/16336/07125

To:
ಶ್ರೀಮತಿ ರೇಖಾ ಎಸ್ ಕೆ
Rekha S K
C/O: Shanappa N K,
VTC, Kumbharaballi,
PO: Kumbharaballi,
Sub District: Sakaleshpura,
District: Hassan,
State: Karnataka,
PIN Code: 573137,
Mobile: 9945656244

Signature valid



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

3233 1523 8402

VID: 9138 5061 7355 6336

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India



Rekha S K
ಇನ್ಫಿ ರಿಮಾಂಡ್/ICR: 22/07/2007
A/ FEMALE

[illegible]

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 XMR.)

3233 1523 8402

ನನ್ನ ಅಧಾರ್, ನನ್ನ ಗುರುತು



Government of India



ಮಾಹಿತಿ / INFORMATION

- [illegible]



एन.डी.ए.ई.ए.ई.
Unique Identification Authority of India

ವಿಳಾಸ:
 ಕೆ.ಆರ್. ಪಾಠ್, ಪಾದವೈದ್ಯ ರಿ. ಕಿಂಗ್ಡಮ್, ಕಿಂಗ್ಡಮ್,
 ಪಾದವೈದ್ಯ,
 ಕೆ.ಆರ್. ಪಾಠ್ - 573137

Address:
C/O: Sharmappa N K, Kumbharahalli, PO:
Kumbharahalli, DIST: Hassan,
Karnataka - 573137

3233 1523 8402

VID : 9138 5061 7355 6336

1947

 help@vidai.gov.in



ಅಧ್ಯಕ್ಷರು
Chairman

आयकर विभाग
INCOME TAX DEPARTMENT

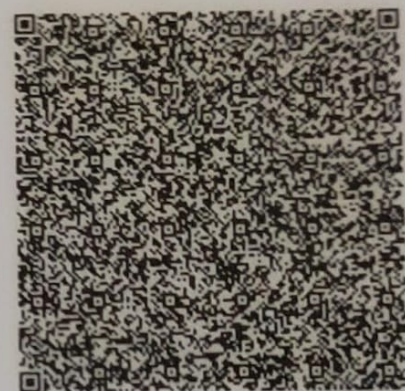


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

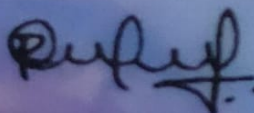
HTOPR9885Q



नाम / Name
REKHA S K

पिता का नाम / Father's Name
SHAMAPPA

जन्म की तारीख /
Date of Birth
22/07/2007


हस्ताक्षर / Signature

28072025