

PAN CR-01

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

Permanent Account Number (PAN)

B N H P C 0 6 7 1 G

Aadhaar Number

3 2 2 4 6 4 1 1 4 7 6 5

Sr. No.

Tick
Box

PART A - Personal Information

1. ☐ A. Name

First Name

D R A K S H A Y A N I

Middle Name

Last Name

C H A V A R A G I

☐ B. Name (as per Aadhaar)

D R A K S H A Y A N I C H A V A R A G I

2. ☐ Gender (select one)☐

Male

☒

Female

☐

Transgender

3. ☐ Date of Birth

0 8

1 1

1 9 8 3

4. ☒ Address☒

Residence

☐

Office

(select one)

Flat/Door/Building

C / O D O D I S H W A R A P P A K A M P L I

Road/Street/Block/Sector

U G G I N A K E R I

Post Office

U G G I N A K E R I

Area/Locality/Town/City

H A L L I

District

D H A R W A D

State/Union Territory

KUMAR

Country/Region

INDIA

PIN / ZIP CODE

1 2 3 4 5 6

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

(i) Mobile Number

Country Code

9 1

Mobile Number

9 3 5 3 5 2 4 8 8 4

(ii) Email ID

kumarkoravar75@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

D O D D I S H W A R A P P A

Father's Middle Name

Father's Last Name

K A M P L I

9. ☐ Mother's First Name

S H A N T H A V V A

Mother's Middle Name

Mother's Last Name

K A M P 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, ...**DRAKSHAYANI CHAVARAGI**....., 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.....**DHARWAD**

Date.....**01/08/2026**



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



भारत सरकार
Government of India



ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ / Enrollment No.: 4050/50043/00995

To

ದ್ರಾಕ್ಷಾಯಣಿ ಚವರಗಿ

Drakshayani Chavaragi

W/O: Yallappa,

VTC: Ugginakeri,

PO: Ugginakeri,

Sub District: Kalghatgi, District: Dharwad,

State: Karnataka,

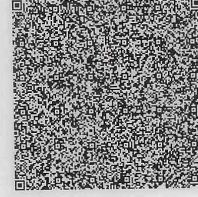
PIN Code: 581204,

Mobile: 8722425294

22004579



MK220045797FE



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

3224 6411 4765

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



Aadhaar no. issued: 05/09/2014



ಭಾರತ ಸರ್ಕಾರ

Government of India



ದ್ರಾಕ್ಷಾಯಣಿ ಚವರಗಿ

Drakshayani Chavaragi

ಜನ್ಮ ದಿನಾಂಕ / DOB : 08/11/1983

ಸ್ತ್ರೀ / Female

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)

3224 6411 4765

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



**national
health
authority**

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



Name/ ಹೆಸರು

Drakshayani Chavaragi

ದ್ರಕ್ಷಾಯಣಿ ಚವರಗಿ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

91-4073-1272-4302

Abha Address/ ಅಭಾ ವಿಳಾಸ

91407312724302@abdm



Gender/ ಲಿಂಗ
Female / ಹೆಣ್ಣು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ
08-11-1983

Mobile/ ಮೊಬೈಲ್
8722425294



ಯಲ್ಲಪಾ ತಲಗಿನ...

July 10, 6:52 PM



Reply

