PAN CR-01

Request For Changes Or Correction in PAN Data

[For an Individual]

Permanent Account Number (PAN)
L C C P K 8 8 9 2 B

Aadhaar Number
8 0 5 1 4 6 7 6 8 3 1 5

Sr. No.	Tick Box	PART A - Personal Information

1. Tick **A. Name**

First Name	D E V A R A M A N E
Middle Name	
Last Name	K A R T I K A

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

D E V A R A M A N E K A R T I K A

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

3. ✓ **Date of Birth** 1 0 0 6 2 0 0 2

4. ✓ **Address**

✓ Residence Tick Office *(select one)*

Flat/Door/Building	C / O D E V A R A M A N E H O N N U R A P P A
Road/Street/Block/Sector	N E A R H U L I G E M M A T E M P L E , K O R
Post Office	T E K K A L A K O T A
Area/Locality/Town/City	H A L E K O T A
District	B A L L A R I

State/Union Territory: KARNATAKA Country/Region: INDIA PIN / ZIP CODE: 5 8 3 1 2 2

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 5 3 8 5 5 1 1 9

(ii) Email ID: k1ranganathn@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**	D E V A R A M A N E
Father's Middle Name	
Father's Last Name	H O N N U R A P P A
9. Tick **Mother's First Name**	D E V A R A M A N E
Mother's Middle Name	
Mother's Last Name	S H E K H A M M A

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

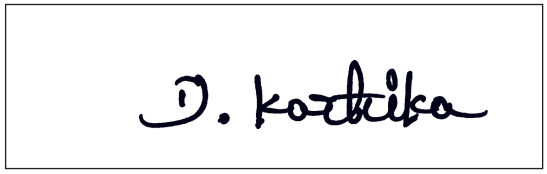
✓ (iv) Documentay proof in support of other changes ✓ (v) Copy of PAN

Verification & Declaration

a. I , ….DEVARAMANE KARTIKA....., 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……..BALLARI

Date…….05/08/2026



(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 / Enrollment No.: 2825/02212/85109

To
ದೇವರಮನೆ ಕಾರ್ತಿಕ
Devaramane Kartika
S/O D Honnurappa,
Near Huligemma Temple,
Korasara Street, Ward No 13, Tekklkote,
VTC: Halekota,
PO: Tekkalakota,
District: Bellary,
State: Karnataka,
PIN Code: 583122,
Mobile: 9353855119

33409096

MF334090961FI

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

8051 4676 8315

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ಭಾರತ ಸರ್ಕಾರ
Government of India

ದೇವರಮನೆ ಕಾರ್ತಿಕ
Devaramane Kartika
ಜನ್ಮ ದಿನಾಂಕ / DOB : 10/06/2002
ಪುರುಷ / Male

Issue Date : 10/06/2012

8051 4676 8315
ನನ್ನ ಆಧಾರ್, ನನ್ನ

national health authority
सत्यमेव जयते

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

Name/ ಹೆಸರು
Devaramane Kartika
ದೇವರಮನೆ ಕಾರ್ತಿಕ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ
91-7322-0858-3482

Abha Address/ ಅಭಾ ವಿಳಾಸ
devaramane2002@abdm

Gender/ ಲಿಂಗ	Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ	Mobile/ ಮೊಬೈಲ್
Male / ಗಂಡು	10-06-2002	9353855119

national health authority
सत्यमेव जयते

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।

ಭಾರತ ಚುನಾವಣಾ ಆಯೋಗ

ELECTION COMMISSION OF INDIA

ಮತದಾರರ ಭಾವಚಿತ್ರವಿರುವ ಗುರುತಿನ ಚೀಟಿ

Electors Photo Identity Card

UBB3204955

ಹೆಸರು : ದೇವರಮನೆ ಕಾರ್ತಿಕ

Name : Devaramane Kartika

ತಂದೆಯ ಹೆಸರು : ದೇವರಮನೆ ಹೊನ್ನೂರಪ್ಪ

Father's Name : Devaramane Honnurappa