

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



Permanent Account Number (PAN)

C W O P B 7 2 4 3 J

Aadhaar Number

8 2 0 2 1 7 9 3 9 6 6 0

Sr. No.

Tick
Box

PART A - Personal Information

1. ☒ A. Name

First Name

Middle Name

Last Name

B

H

A

G

Y

Y

A

☒ B. Name (as per Aadhaar)

B

H

A

G

Y

Y

A

2. ☐ Gender (select one)☐

Male

☒

Female

☐

Transgender

3. ☒ Date of Birth

0

1

0

1

1

9

8

3

4. ☒ Address☒

Residence

☐

Office

(select one)

Flat/Door/Building

#

1

1

7

Road/Street/Block/Sector

Y

E

R

E

H

A

L

L

I

J

H

K

E

R

E

P

O

S

T

Post Office

H

A

S

S

A

N

Area/Locality/Town/City

H

A

S

S

A

N

District

H

A

S

S

A

N

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

7

3

2

0

1

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

(i) Mobile Number

Country Code

9

1

Mobile Number

7

8

9

2

6

1

0

0

9

0

(ii) Email ID

mnv25790@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

M

U

D

A

L

A

G

I

R

I

G

O

W

D

A

9. ☐ Mother's First Name

Mother's Middle Name

Mother's Last Name

S

H

A

R

A

D

H

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, ...**BHAGYYA**....., 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.....**06/08/2026**

A rectangular box containing a handwritten signature in blue ink that reads "Bhagya".

(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.: 2906/02713/00715

To
ಭಾಗ್ಯ
Bhagyya
W/O Gururaj Y T
#117
Yerehalli J H Kere Post
Hassan Taluku
Hassan
Hassan Karnataka - 573201
7892610090

Signature valid

Digitally signed by
UNIQUE IDENTIFICATION
AUTHORITY OF INDIA SA
Date: 2022.05.22 05:48:07
UTC



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

8202 1793 9660

VID : 9137 0304 4446 4015

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India

Issue Date: 28/03/2012



ಭಾಗ್ಯ
Bhagyya
ಜನ್ಮ ದಿನಾಂಕ/DOB: 01/01/1983
♀/FEMALE

8202 1793 9660

VID : 9137 0304 4446 4015

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



**national
health
authority**

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



Name/ ಹೆಸರು

Bhagyya

ಭಾಗ್ಯ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

91-7314-0411-1775

Abha Address/ ಅಭಾ ವಿಳಾಸ

91731404111775@abdm



Gender/ ಲಿಂಗ
Female / ಹೆಣ್ಣು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ
01-01-1983

Mobile/ ಮೊಬೈಲ್
7892610090



**national
health
authority**

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



Instructions

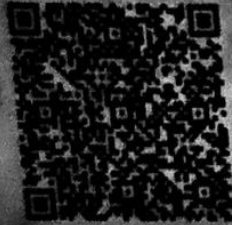
Toll-Free Number: 1800 114 477

- 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



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
CWOPB7243J

नाम/Name
BHAGYA

पिता का नाम / Father's Name
MUDALAGIRIGOWDA

जन्म की तारीख / Date of Birth
06/08/1983

Bhagya
हस्ताक्षर / Signature

