

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

Permanent Account Number (PAN)

E C S P K 6 6 3 2 J

Aadhaar Number

6 2 0 5 3 1 6 1 8 7 9 6

Sr. No.

Tick
Box

PART A - Personal Information

1. ☐ A. Name

First Name

K A N A K A

Middle Name

Last Name

G O V I N D A S W A M Y

☐ B. Name (as per Aadhaar)

K A N A K A

2. ☐ Gender (select one)☐

Male

☒

Female

☐

Transgender

3. ☐ Date of Birth

1

7

0

3

1

9

9

4

4. ☒ Address☒

Residence

☐

Office

(select one)

Flat/Door/Building

N

O

6

5

Road/Street/Block/Sector

H

E

R

A

G

U

Post Office

H

E

R

A

G

U

Area/Locality/Town/City

H

E

R

A

G

U

District

H

A

S

S

A

N

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

7

3

2

1

9

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

(i) Mobile Number

Country Code

9

1

Mobile Number

9

0

6

6

2

9

0

2

7

7

(ii) Email ID

jenukalsevakendra@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

G

O

V

I

N

D

A

Father's Middle Name

Father's Last Name

S

W

A

M

Y

9. ☐ Mother's First Name

Mother's Middle Name

Mother's Last Name

R

A

N

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, ...**KANAKA.GOVINDASWAMY**....., 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**

Kanaka.G

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



ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಕಿತ್ವ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 0000/00822/33786

To
ಶ್ರೀ
 Kanaka G
 No 65,
 Hemaga Village,
 Dudda Hobli,
 Hassan Taluk,
 VTC: Harega,
 PO: Harega,
 District: Hassan,
 State: Karnataka,
 PIN Code: 573118
 Mobile: 9066290277

Signature valid



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

6205 3161 8796

VID: 9114 0496 0833 0889

ಶ್ವಶ್ವ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India



Kanaka G
 DOB: 17/03/1994
 FEMALE

Andhaar 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 XSL))

6205 3161 8796

ಶ್ರೀ ಆಧಾರ್, ಸನ್ಮ ಗುರುತು



Government of India



ಮಾಹಿತಿ / INFORMATION

- [illegible]



ಭಾರತೀಯ ಏಕೀಕೃತ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

Address:
No 65, 4th Cross Road, New Market,
Chennai - 600 086
Phone - 573118

Address:
No 83, Heragu Village, Dodda Hohli, Hassan Taluk,
Heragu, PC: Heragu, DIST: Hassan,
Karnataka - 573118



6205 3161 8796

VID: 9114 0496 0833 0889

1947

 help.undel.gov.in

 www.uidai.gov.in



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



Name/ कसरु

Kanaka G

कनक जी

Abha Number/ अभा संख्या

17-3301-1800-1181

Abha Address/ अभा विवरण

17330118001181@abdm



Gender/ लिंग
Female / महिला

Date Of Birth/ कुटुम्ब दिनांक
17-03-1994

Mobile/ मोबाइल
-



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

ECSPK6632J



नाम/ Name
KANAKA G

पिता का नाम/ Father's Name
GOVINDA SWAMY

जन्म की तारीख/ Date of Birth
17/03/1994

Kanaka, G

हस्ताक्षर/ Signature



26022018