

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

Permanent Account Number (PAN)

B S H P R 5 2 7 5 C

Aadhaar Number

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

Sr. No.

Tick
Box

PART A - Personal Information

1. ☐ A. Name

First Name

H A C H A G O W D A N A H A L L I

Middle Name

D E V E G O W D A

Last Name

R A M A C H A N D R A

☐ B. Name (as per Aadhaar)

H D R A M A C H A N D R A

2. ☐ Gender (select one)☒

Male

☐

Female

☐

Transgender

3. ☒ Date of Birth

0 5

1 0

1 9 6 7

4. ☒ Address☒

Residence

☐

Office

(select one)

Flat/Door/Building

C / O H M D E V E G O W D A

Road/Street/Block/Sector

H A C H A G O W D A N A H A L L I , K A S A B A

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

8 7 2 2 5 2 6 6 4 4

(ii) Email ID

yash.hr766764@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

H A C H A G O W D A N A H A L L Y

Father's Middle Name

M A L L E G O W D A

Father's Last Name

D E V E G O W D A

9. ☐ Mother's First Name

Mother's Middle Name

Mother's Last Name

M A N J A M M 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, ...**HACHAGOWDANA HALLI DEVEGOWDA RAMACHANDRA** in 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.....**08/08/2026**



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



ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಕಿಷ್ಠ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ಸೇರಿದ ಸಂಖ್ಯೆ / Enrollment No.: 0221/00435/01804

To
ಶ್ರೀ ಬಿ. ರವೀಂದ್ರ,
H D Ramachandra
C/O H M Devegowda,
Hachagowdanahalli,
Kasaba Hobli,
VTC, Hassan, PO: Hassan,
District: Hassan,
State: Karnataka,
PIN Code: 573201,
Mobile: 8722526644

16860161



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

7779 3083 3168

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



Government of India



ಕೆ.ಡಿ. ರಾಮಚಂದ್ರ
H D Ramachandra
ಜನ್ಮ ದಿನಾಂಕ / DOB: 05/10/1957
ಲಿಂಗ / Male

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)

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ಮಾಹಿತಿ / INFORMATION

- [illegible]



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



ಸಿಬ್ಬಂದಿ: ಎಂ.ಎ.ಎಸ್.ರವೀಂದ್ರ, ಕುಟುಂಬರಕ್ಷಣೆ, ಕುಟುಂಬ
- ಕುಟುಂಬ, ಕುಟುಂಬ, ಕುಟುಂಬ, ಕುಟುಂಬ, 5/73201

Address: C/O H M Devegowda,
Hachagowdanahalli, Kasaba Hobli, Hassan,
PC: Hassan, DIST: Hassan, Karnataka, 573201



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ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



 help@uidai.gov.in





Name/ ಹೆಸರು

H D Ramachandra

ಹೆಚ್ ಡಿ ರಾಮಚಂದ್ರ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

91-6023-6754-7315

Abha Address/ ಅಭಾ ವಿಳಾಸ

91602367547315@abdmGender/ ಲಿಂಗ
Male / ಗಂಡುDate Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ
05-10-1967Mobile/ ಮೊಬೈಲ್
8722526644**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

H D RAMACHANDRA

HACHAGOWDANAHALLY
MALLEGOWDA DEVEGOWDA
05/07/1967

Permanent Account Number
BSHPR5275C

H. D. Ramachandra
Signature

In case this card is lost / found, kindly inform / return to :
Income Tax PAN Services Unit, UTITSL
Plot No. 3, Sector 11, CBD Belapur,
Navi Mumbai - 400 614.

इस कार्ड के खोने/पाने पर कृपया सूचित करें/लौटाएं :
आयकर पैन सेवा यूनिट, यूटीआईएसएल
प्लॉट नं: ३, सेक्टर ११, सीडीडी बेलपुर,
नवी मुंबई-४०० ६१४.