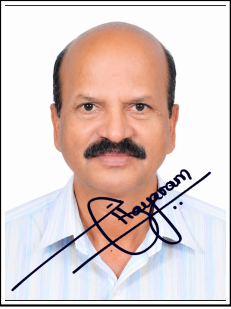


Request For Changes Or Correction in PAN Data  
[For an Individual]

Permanent Account Number (PAN)

A D U P J 6 1 1 0 B

Aadhaar Number

9 6 3 6 0 6 2 3 4 6 7 2

Sr. No.

Tick  
Box

## PART A - Personal Information

1. ☒ A. Name

First Name

D R

Middle Name

J A Y A R A M C H I K K A M A G A R A V A L L Y

Last Name

T H I M M E G O W D A

☒ B. Name (as per Aadhaar)

D R J A Y A R A M C T

2. ☐ Gender (select one)☒

Male

☐

Female

☐

Transgender

3. ☐ Date of Birth

0

2

0

9

1

9

5

7

4. ☒ Address☒

Residence

☐

Office

(select one)

Flat/Door/Building

1 2 0 M A Y U R

Road/Street/Block/Sector

K U V E M P U R O A D

Post Office

V I D Y A N A G A R ( H A S S A N )

Area/Locality/Town/City

V I D Y A N A G A R A

District

H A S S A N

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

7

3

2

0

2

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

(i) Mobile Number

Country Code

9

1

Mobile Number

9

4

4

8

3

4

6

5

5

(ii) Email ID

drctjayaramad@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

C H I K K A M A G A R A V A L L Y

Father's Middle Name

B Y R E G O W D A

Father's Last Name

T H I M M E G O W D A

9. ☐ Mother's First Name

Mother's Middle Name

Mother's Last Name

S E E T H 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 &amp; 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, ....~~DR JAYARAM CHIKKAMAGARAVALLY THIMMESOWDA~~ 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.....**13/08/2026**

A rectangular box containing a handwritten signature in blue ink. The signature appears to be 'Jayaram' with a stylized flourish.

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



सत्यमेव जयते  
भारत सरकार



ಭಾರತ ಸರ್ಕಾರ  
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ  
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 0221/00435/01173

To

ಡಾ ಜಯರಾಮ್ ಸಿ ಟಿ

Dr Jayaram C T

S/O: Late C B Thimme Gowda,

# 120 MAYUR,

Kuvempu Road,

Near Christ School,

Vidyanagara,

VTC: Hassan,

PO: Vidyanagar (Hassan),

Sub District: Hassan,

District: Hassan,

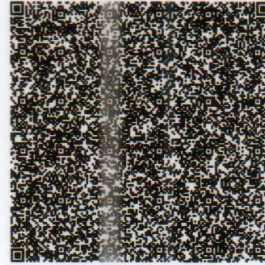
State: Karnataka,

PIN Code: 573202

Mobile: 9448346565

Signature valid

Digitally signed by Dr C T Jayaram  
Unique Identification Authority of India  
DN: cn=Dr C T Jayaram, o=Unique  
Identification Authority of India, ou=India  
Date: 2026.09.12 12:44:53  
IST



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

9636 0623 4672

VID : 9153 3220 9799 1557



ಭಾರತ ಸರ್ಕಾರ  
Government of India

Aadhaar no. issued: 10/12/2013



ಡಾ ಜಯರಾಮ್ ಸಿ ಟಿ

Dr Jayaram C T

ಜನ್ಮ ದಿನಾಂಕ/DOB: 02/09/1957

ಪುರುಷ/ MALE

ಆಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯಾಗಿದೆ, ಪೌರತ್ವ ಅಥವಾ ಜನ್ಮ ದಿನಾಂಕದ ಪುರಾವೆ  
ಅಲ್ಲ. ಇದನ್ನು ಆನ್‌ಲೈನ್ ವೈದಿಕರಣ ಅಥವಾ QR ಕೋಡ್ / ಆಫ್‌ಲೈನ್ XML  
ಸ್ಕ್ಯಾನ್‌ಗೊಂದಿಗೆ 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)

9636 0623 4672

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

DL No. : KA13 19980003993  
NAME : DR JAYARAM C T  
D.O.B : 02/09/1957  
VALID TILL : 19/01/2028(NT)

DOI : 29/01/1998

FORM - 7  
[See Rule 16(2)]

B.G. :



VALID THROUGHOUT INDIA  
COV : LMV 10/02/1998  
: MCWG 29/01/1998

CDOI : 20-01-2023

S/o : THIMME GOWDA C T  
ADDRESS : NO 120, MAYUR, NEAR CHRIST SCHOOL  
KUVEMPU ROAD, VIDYANAGAR  
HASSAN573201

  
Sign. Of Holder

  
Sign. Licencing Authority  
HASSAN(KA13)

ಕರ್ನಾಟಕ ರಾಜ್ಯ KARNATAKA STATE

INDIAN UNION MOTOR DRIVING LICENCE

DKA0269471



ಕರ್ನಾಟಕ ರಾಜ್ಯ



ಪಾರಿಗ್ ಇಲಾಖೆ  
TRANSPORT DEPARTMENT



आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

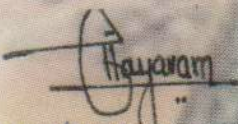
DR C T JAYARAM

C B THIMMEGOWDA

02/09/1957

Permanent Account Number

ADUPJ6110B

  
Signature

