

PAN CR-01

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

Permanent Account Number (PAN)

I Y Z P S 4 4 9 6 B

Aadhaar Number

7 9 4 3 4 4 7 8 5 6 4 0

Sr. No.

Tick
Box

PART A - Personal Information

1. ☒ A. Name

First Name

K R I S H N A M U R T H Y

Middle Name

Last Name

S H A S H I K A L A

☒ B. Name (as per Aadhaar)

K S H A S H I K A L A

2. ☐ Gender (select one)☐

Male

☒

Female

☐

Transgender

3. ☒ Date of Birth

0 6

0 4

1 9 9 5

4. ☒ Address☒

Residence

☐

Office

(select one)

Flat/Door/Building

C / O : M A N J U N A T H A

Road/Street/Block/Sector

B A N A V A R A H O B L I A R S I K E R E T

Post Office

S A L A P U R A

Area/Locality/Town/City

S A L A P U R A

District

H A S S A N

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5 7 3 1 1 2

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 1 3 1 7 4 1

(ii) Email ID

ganesh123bvr@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

K R I S H N A

Father's Middle Name

Father's Last Name

M U R T H Y

9. ☐ Mother's First Name

Mother's Middle Name

Mother's Last Name

R A T H N 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, ...**KRISHNAMURTHY.SHASHIKALA**....., 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.....**18/08/2026**



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

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಕೆ ಶಶಿಕಲಾ
K Shashikala
ಜನ್ಮ ದಿನಾಂಕ / DOB : 06/04/1995
ಸ್ತ್ರೀ / Female

Issue Date : 29/06/2013

7943 4478 5640

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತೀಯ ವಿಕಿತ್ಯ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India



ವಿಳಾಸ: ಕೆ.ಆರ್. ಆರ್. ಮಂಜುನಾಥ, ಬಾಣಾವರ
ಹೋಬಳಿ ಅರಸೀಕೆರೆ ತಾಲ್ಲೂಕು, ಸಾಲಾಪುರ, ಹಾಸನ,
ಕರ್ನಾಟಕ, 573112

Print Date : 12/02/2021
Address: C/O: Manjunatha, Banavara
Hobli Arsikere Taluk, Salapura, Hassan,
Karnataka, 573112



7943 4478 5640



1947



help@uidai.gov.in



www.uidai.gov.in



ಭಾರತ ಚುನಾವಣಾ ಆಯೋಗ

ELECTION COMMISSION OF INDIA



RGE5761341



ಹೆಸರು: ಕೆ ಶಶಿಕಲಾ

Name: K Shashikala

ಗಂಡನ ಹೆಸರು: ಮಂಜುನಾಥ

Husband's Name: Manjunatha

ಲಿಂಗ / Gender: ಹೆಣ್ಣು / Female

ಜನ್ಮ ದಿನಾಂಕ / ವಯಸ್ಸು

Date of Birth / Age: 06-04-1995



e-Electors Photo Identity Card - ಇ-ಮತದಾರ ಭಾವಚಿತ್ರವಿರುವ ಗುರುತಿನ ಚೀಟಿ

ವಿಳಾಸ: ೦೦, ಸಾಲಾಪುರ, ಸಾಲಾಪುರ, ಅರಸೀಕೆರೆ, ಹಾಸನ,
ಕರ್ನಾಟಕ - 573112

Address: 00, SALAPURA, SALAPURA,
ARASIKERE, HASSAN, KARNATAKA -
573112



RGE5761341

ಮತದಾರರ ನೋಂದಣಾಧಿಕಾರಿ, 194 - ಅರಸೀಕೆರೆ
Electoral Registration Officer, 194 - Arsikere

Download Date :- 21-03-2024



1800-4255-1950



<https://ceo.karnataka.gov.in/en>

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

IYZPS4496B



नाम/ Name
SHASHIKALA K

पिता का नाम/ Father's Name
KRISHNA MURTHY

जन्म की तारीख/ Date of Birth
06/06/1995

हस्ताक्षर/ Signature



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