

PAN CR-01

Request For Changes Or Correction in PAN Data

[For an Individual]



Permanent Account Number (PAN)
B R Z P G 7 6 4 6 F

Aadhaar Number
6 3 3 0 0 6 7 8 5 3 8 0

Sr. No.	Tick Box	PART A - Personal Information

1. Tick **A. Name**

First Name	G A R J A P P A
Middle Name	
Last Name	K U R U B A R U

Tick **B. Name** *(as per Aadhaar)*

G A R J A P P A K

2. Tick **Gender** *(select one)* ✓ Male Tick Female Tick Transgender

3. ✓ **Date of Birth** 0 1 0 1 1 9 8 6

4. ✓ **Address**

✓ Residence Tick Office *(select one)*

Flat/Door/Building	4 5 9
Road/Street/Block/Sector	B E H I N D S C H O O L
Post Office	N A D A N G A
Area/Locality/Town/City	N A D A N G A
District	B A L L A R I

State/Union Territory: KARNATAKA Country/Region: INDIA PIN / ZIP CODE: 5 8 3 1 1 4

5. Tick **Passport Number**

6. Tick **Taxpayer Identification Number in the Country of Residence**

7. ✓ **Contact Details**

(i) Mobile Number	Country Code: 9 1	Mobile Number: 9 9 4 5 9 0 5 8 3 6
(ii) Email ID	laxmanjanulg@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. Tick **Father's First Name**

Father's Middle Name	
Father's Last Name	A Y Y A N N A

9. Tick **Mother's First Name**

Mother's Middle Name	
Mother's Last Name	S I D D A M M A

10. **Name of parent to be printed on Permanent Account Number card** *(select one)* ✓ Father Tick 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 , ….GARJAPPA KURUBARU....., 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……..BALLARI

Date…….03/09/2026

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

सत्यमेव जयते
भारत सरकार

आधार

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ / Enrollment No.: 0707/03115/07403

To
ಗರ್ಜಪ್ಪ ಕೆ
Garjappa K
S/O: Ayyanna,
459,
000,
behind school,
nadanga,
VTC: Nadanga, PO: Nadanga,
Sub District: Siruguppa, District: Bellary,
State: Karnataka,
PIN Code: 583114,
Mobile: 9945905836

13344944

KD133449449FL

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

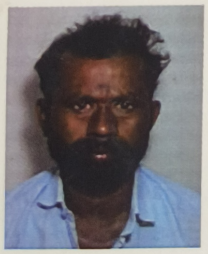
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ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಆಧಾರ್

Aadhaar no. issued: 15/01/2014



ಗರ್ಜಪ್ಪ ಕೆ
Garjappa K
ಜನ್ಮ ದಿನಾಂಕ / DOB: 01/01/1986
ಪುರುಷ / Male

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

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national health authority

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



Name/ ಹೆಸರು
Garjappa K
ಗರ್ಜಪ್ಪ ಕೆ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ
91-5652-1544-4169

Abha Address/ ಅಭಾ ವಿಳಾಸ
91565215444169@abdm

Gender/ ಲಿಂಗ	Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ	Mobile/ ಮೊಬೈಲ್
Male / ಗಂಡು	01-01-1986	-

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।

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आयकर विभाग
INCOME TAX DEPARTMENT

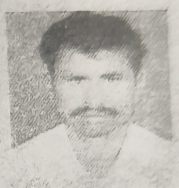
भारत सरकार
GOVT. OF INDIA



GARJAPPA K

AYYANNA

01/06/1986
Permanent Account Number
BRZPG7646F



Signature

20082015

इस कार्ड के खोने/पाने पर कृपया सूचित करें/लौटाएं:
आयकर पैन सेवा इकाई, एन एस डी एल
5 वीं मंजिल, मंत्री स्टर्लिंग,
प्लॉट नं. 341, सर्वे नं. 997/8,
मॉडल कालोनी, दीप बंगला चौक के पास,
पुणे - 411 016.

If found, please inform / return to Someone's lost card is found.

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