PAN CR-01

Request For Changes Or Correction in PAN Data

[For an Individual]

Permanent Account Number (PAN)
J S C P S 9 8 2 5 N

Aadhaar Number
8 9 4 2 8 1 0 4 0 8 9 6

Sr. No.	Tick Box	PART A - Personal Information

1. ✓ **A. Name**

First Name: S A V I T H A

Middle Name: S O M A N A H A L L I T H A N D Y A

Last Name: M A L L E S H N A I K

✓ **B. Name** *(as per Aadhaar)*

S A V I T H A S M

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

3. Tick **Date of Birth** 0 4 0 6 1 9 8 5

4. ✓ **Address**

✓ Residence Tick Office *(select one)*

Flat/Door/Building: R A V I N A I K R , 8 4

Road/Street/Block/Sector: S O M A N A H A L L I T H A N D Y A

Post Office: S O M A N A H A L L I

Area/Locality/Town/City: K A D U R T A L U K , S O M A N A H A L L I

District: C H I K K A M A G A L U R U

State/Union Territory: KARNATAKA Country/Region: INDIA PIN / ZIP CODE: 5 7 7 1 3 8

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 1 0 8 8 3 1 1 5 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. Tick **Father's First Name**

Father's Middle Name

Father's Last Name: M A L L E S H N A I K

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

Mother's Middle Name

Mother's Last Name: J A Y A B A I

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

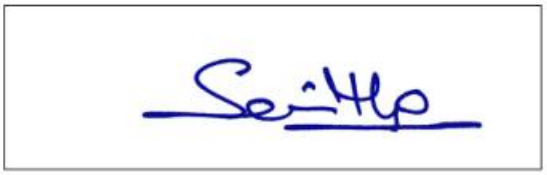
✓ (iv) Documentay proof in support of other changes ✓ (v) Copy of PAN

Verification & Declaration

a. I , ... SAVITHA SOMANAHALLI THANDYA MALLESHNAIK 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.....CHIKKAMAGALURU

Date.....06/07/2026



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

भारत सरकार
Government of India

Issue Date : 20/04/2013

ಸವಿತ ಎಸ್ ಎಮ್
Savitha S M
ಜನ್ಮ ದಿನಾಂಕ / DOB : 04/06/1985
ಸ್ತ್ರೀ / Female

8942 8104 0896

मेरा आधार, मेरी पहचान

91088 31151

Savitha

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

ವಿಳಾಸ: ರವಿ ನಾಯ್ಕ ಆರ್, 84, ಸೋಮನಹಳ್ಳಿ
ತಾಂಡ್ಯ, ಕಡೂರು ತಾಲ್ಲೂಕು, ಸೋಮನಹಳ್ಳಿ,
ಚಿಕ್ಕಮಗಳೂರು, ಕರ್ನಾಟಕ, 577138

Print Date : 21/10/2022

Address: Ravi Naik R, 84, Somanahalli
Thandya, Kadur Taluk, Somanahalli,
Chikkamagaluru, Karnataka, 577138

8942 8104 0896

1947 help@uidai.gov.in www.uidai.gov.in

national health authority
सत्यमेव जयते

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

Name/ ಹೆಸರು
Savitha S M
ಸವಿತ ಎಸ್ ಎಮ್

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ
91-5076-8713-8713

Abha Address/ ಅಭಾ ವಿಳಾಸ
91507687138713@abdm

Gender/ ಲಿಂಗ	Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ	Mobile/ ಮೊಬೈಲ್
Female / ಹೆಣ್ಣು	**04-06-1985**	**9108831151**

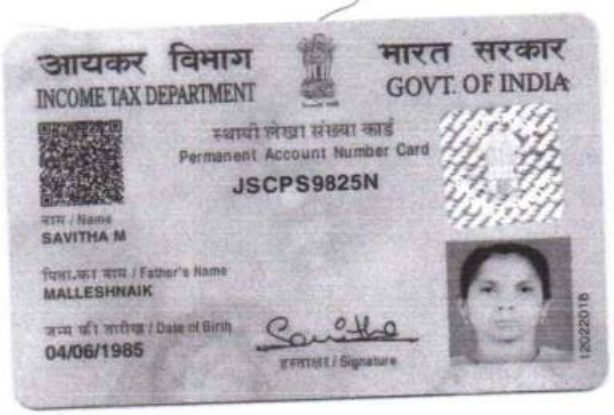
national health authority
सत्यमेव जयते

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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Savitha