

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

Permanent Account Number (PAN)

A U F P R 9 2 0 4 A

Aadhaar Number

8 8 3 1 0 3 6 0 3 9 7 4

Sr. No.

Tick
Box

PART A - Personal Information

1. ☒ A. Name

First Name

R A N G A N A T H A

Middle Name

M A L A L I K E R E

Last Name

S O M A R A J E G O W D A

☒ B. Name (as per Aadhaar)

R A N G A N A T H A M S

2. ☐ Gender (select one)☒

Male

☐

Female

☐

Transgender

3. ☒ Date of Birth

1 6

0 6

1 9 7 1

4. ☒ Address☒

Residence

☐

Office

(select one)

Flat/Door/Building

C / O S O M A R A J E G O W D A

Road/Street/Block/Sector

M O K A L I P O S T , A R A K A L A G U D U T

Post Office

M U T H I G E

Area/Locality/Town/City

M A L A L I K E R E

District

H A S S A N

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5 7 3 1 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 6 1 1 0 1 0 5 4 4

(ii) Email ID

grama1raghu@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

Father's Middle Name

Father's Last Name

S O M A R A J E G O W D A

9. ☐ Mother's First Name

Mother's Middle Name

Mother's Last Name

J A Y 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, ...~~RANGANATHA MALALIKERE SOMARAJEGOWDA~~ 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.....**09/07/2026**



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



ಭಾರತ ಸರ್ಕಾರ

Government of India

ರಂಗನಾಥ ಎಮ್ ಎಸ್
Ranganatha M S



ಜನ್ಮ ದಿನಾಂಕ / DOB: 16/06/1971
ಪುರುಷ / Male



8831 0360 3974

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ವಿಳಾಸ: ತಂದೆ / ತಾಯಿಯ ಹೆಸರು:

ಸೋಮರಾಜಗೌಡ, ಮೊಕಲಿ ಪೋಸ್ಟ್

ಅರಕಲಗೂಡು ತಾಲ್ಲೂಕು, ಮುತ್ತಿಗೆ

ಮಳಲೀಕೆರೆ, ಹಾಸನ, ಕರ್ನಾಟಕ, 573102

Address: S/O:

Somarajegowda, mokali

post, arakalagudu thaluku,

Muthige, Malalikere, Hassan,

Karnataka, 573102

8831 0360 3974



1947

1800 300 1947



help@uidai.gov.in

WWW

www.uidai.gov.in



**national
health
authority**

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



Name/ ಹೆಸರು

Ranganatha M S

ರಂಗನಾಥ ಎಮ್ ಎಸ್

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

91-7081-4061-8180

Abha Address/ ಅಭಾ ವಿಳಾಸ

sranganatha1606@abdm



Gender/ ಲಿಂಗ
Male / ಗಂಡು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ
16-06-1971

Mobile/ ಮೊಬೈಲ್
9611010544



**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।

Karnataka Secondary Education Examination Board

CERTIFICATE

CERTIFICATE

S/O SOMARAJEGOWDA

With date of birth

16/03/73

and Register No.

SIXTEENTH MAY SEVENTYONE

233294

appeared for the S S L C Examination of

APR-1987

and PASSED obtaining the following marks: WITH KANNADA MEDIUM

SUBJECTS	MARKS		OBTAINED	CLASS OBTAINED	REMARKS
	100%	50%			
FIRST LANGUAGE: I PAPER KANNADA	100	50	053	CLASS OBTAINED	STUDENT'S NAME: [REDACTED] ROLL NO: [REDACTED] DATE: [REDACTED] SIGNATURE: [REDACTED] OFFICIAL: [REDACTED]
II PAPER KANNADA					
SECOND LANGUAGE ENGLISH	100	50	035		
THIRD LANGUAGE HINDI	50	25	014		
CORE SUBJECTS: MATHEMATICS	100	50	030		
SCIENCE	100	50	043		
SOCIAL STUDIES	100	50	042		
TOTAL	600		217	PASS	1032

TOTAL (in words) TWO HUNDRED AND SEVENTEEN ONLY

BANGALORE

23/05/87

Direct

References

Karnataka Secondary Education Examination Board

Certified that the cumulative record book No. _____ of the candidate is issued to him/her on _____.

Submitted by the author

എം.ജി.എസ്.-573 102.

M. S. Ranganatha

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

RANGANATHA
SOMARAJEGAUD
16/06/1975

640
7
80864

Permanent Account Number

AUFPR9204A

A handwritten signature in blue ink is located below the Permanent Account Number.

Signature

