

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

Permanent Account Number (PAN)

A S G P L 0 4 4 4 H

Aadhaar Number

5 3 1 0 8 7 3 4 6 6 0 2

Sr. No.

Tick
Box

PART A - Personal Information

1. ☒ A. Name

First Name

Middle Name

Last Name

L E E L A V A T H I

☒ B. Name (as per Aadhaar)

L E E L A V A T H I

2. ☐ Gender (select one)☐

Male

☒

Female

☐

Transgender

3. ☐ Date of Birth

0 1

0 1

1 9 7 1

4. ☒ Address☒

Residence

☐

Office

(select one)

Flat/Door/Building

Road/Street/Block/Sector

Post Office

Area/Locality/Town/City

District

3 9 , K O R A N N A H A L L I
K O R E N A H A L L I
A R A K E R E
A R S I K E R E
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

9 4 4 9 1 3 0 3 9 2

(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

Father's Middle Name

Father's Last Name

S H I V A L I N G A P P A

9. ☐ Mother's First Name

Mother's Middle Name

Mother's Last Name

G A N G 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,**LEELAVATHI**....., 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.....**10/07/2026**

U/S T.5

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



ಭಾರತ ಸರ್ಕಾರ
Government of India

Aadhaar no. issued: 14/10/2013



ಲೀಲಾವತಿ
Leelavathi
ಜನ್ಮ ದಿನಾಂಕ/DOB: 01/01/1971
ಸ್ತ್ರೀ / FEMALE

ಆಧಾರ್ ಗುರುತಿನ ಪ್ರದರ್ಶನಕ್ಕಾಗಿ, ಭೌತಿಕ ಆಧಾರ್ ಅನ್ನು ದಿವಾಂಗಡ ಪ್ರದರ್ಶನ
ಅಥವಾ ಇದರ ಅನ್ವಯಿಕೆಯನ್ನು ಉಪಯೋಗಿಸಲು ಅಥವಾ ಅದರಲ್ಲಿ / ಅದರಲ್ಲಿ XML
ಅಥವಾ ನಿರ್ದೇಶನದ ಮೇರೆಗೆ 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.)

5310 8734 6602

ನನ್ನ ಆಧಾರ್. ನನ್ನ ಗುರುತು

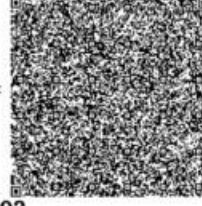


ಭಾರತೀಯ ಏಕೀಕೃತ ಗುರುತು ಅಧಿಕಾರ
Unique Identification Authority of India



Details as on: 09/07/2016

ವಿಳಾಸ:
W/O: ಲೋಕೇಶ್ ಕೆ ಎಸ್, #39, ಕೋರನಹಳ್ಳಿ, ಕೋರನಹಳ್ಳಿ,
ಆರಕರೆ, ಹಾಸನ,
ಕರ್ನಾಟಕ - 573112
Address:
W/O: Lokesh K S, #39, Koranahalli, Korenahalli, PO:
Arakere, DIST: Hasan,
Karnataka - 573112



5310 8734 6602

VID : 9106 6623 5263 1833

1947

help@uidai.gov.in

www.uidai.gov.in



Name/ ಹೆಸರು

Leelavathi

ಲೀಲಾವತಿ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

91-3007-2452-6136

Abha Address/ ಅಭಾ ವಿಳಾಸ

91300724526136@abdm



Gender/ ಲಿಂಗ
Female / ಹೆಣ್ಣು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ
01-01-1971

Mobile/ ಮೊಬೈಲ್
9449130392

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।

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

ASGPL0444H

नाम / Name
LEELAVATHI T S

पिता का नाम / Father's Name
SHIVALINGAPPA

जन्म की तारीख / Date of Birth
01/01/1971

अल T.S
हस्ताक्षर / Signature



अल T.S