

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

Permanent Account Number (PAN)

B S H P S 5 4 4 9 H

Aadhaar Number

9 9 1 9 1 4 0 5 6 0 7 6

Sr. No.

Tick
Box

PART A - Personal Information

1. ☐ A. Name

First Name

S

U

J

A

T

H

A

Middle Name

T

H

I

M

M

E

N

A

H

A

L

L

I

Last Name

R

A

N

G

E

G

O

W

D

A

☐ B. Name (as per Aadhaar)

S

U

J

A

T

H

A

T

R

2. ☐ Gender (select one)☐

Male

☒

Female

☐

Transgender

3. ☐ Date of Birth

1

6

0

5

1

9

8

1

4. ☒ Address☒

Residence

☐

Office

(select one)

Flat/Door/Building

K

A

N

A

K

A

N

I

L

A

Y

A

Road/Street/Block/Sector

S

A

N

T

H

Y

A

M

A

N

G

A

L

A

,

N

E

A

R

Post Office

I

N

D

R

A

N

A

G

A

R

A

Area/Locality/Town/City

H

A

S

S

A

N

District

H

A

S

S

A

N

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

7

3

2

0

1

5. ☐ Passport Number6. ☐ Taxpayer Identification Number in the Country of Residence7. ☒ Contact Details

(i) Mobile Number

Country Code

9

1

Mobile Number

9

9

0

0

9

9

2

3

3

3

(ii) Email ID

raghussecomm@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

T

H

I

M

M

E

N

A

H

A

L

L

I

Father's Middle Name

A

N

N

E

G

O

W

D

A

Father's Last Name

R

A

N

G

E

G

O

W

D

A

9. ☐ Mother's First Name

Mother's Middle Name

Mother's Last Name

S

H

I

V

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

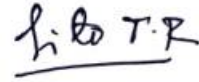


Verification & Declaration

a. I, ...**SUJATHA THIMMENAHALLI RANGE Gowda**..., 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.....**17/07/2026**

A rectangular box containing a handwritten signature in black ink. The signature appears to be 'Sujatha T.R.' with a horizontal line underneath.

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



ಭಾರತೀಯ ವಿಕಿವೈ ಗುರುತು ಪ್ರಾಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ

Unique Identification Authority of India
Government of India

ಸೋದರ ಸಂಖ್ಯೆ Enrolment No.: 1320/16080/00871

Download Date: 04/07/2018

To
ಸುಜಾತಾ ಟಿ ಆರ್
Sujatha T R
W/O: Babu S A
kanaka nilaya
santhyamangala
near ganapathi temple
Gavenahalli
Hassan
Hasan Karnataka - 573201
9900992333

Generation Date: 15/06/2013

Signature valid
Digitally signed by Unique
IDENTIFICATION AUTHORITY OF INDIA



QR Code with Photograph

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

9919 1405 6076

VID : 9105 5689 7580 1455

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ

Government of India



ಸುಜಾತಾ ಟಿ ಆರ್
Sujatha T R
ಜನ್ಮ ದಿನಾಂಕ/DOB: 16/05/1981
ಸ್ತ್ರೀ/FEMALE



9919 1405 6076

VID : 9105 5689 7580 1455

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



Name/ಹೆಸರು
Sujatha T R
ಸುಜಾತ ಟಿ ಆರ್

ABHA number/ಅಭಾ ಸಂಖ್ಯೆ
91-1525-5358-6545

ABHA address/ಅಭಾ ವಿಳಾಸ
sujathar19811616@abdm



Gender/ಲಿಂಗ
Female/ಹೆಣ್ಣು

Date of birth/ಹುಟ್ಟಿದ ದಿನಾಂಕ
16-05-1981

Mobile/ಮೊಬೈಲ್
9900992333

Instructions

Toll- Free Number: 1800114477

- 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

SUJATHA T R

THIMMENAHALLI ANNEGOWDA
RANGEGOWDA
16/05/1981

Permanent Account Number

BSHPS5449H

Sujatha T R

Signature



09022008