

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

Permanent Account Number (PAN)

L O Q P K 0 6 6 7 C

Aadhaar Number

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

Sr. No.

Tick
Box

PART A - Personal Information

1. ☐ A. Name

First Name

K I S H O R

Middle Name

B I S A L A H A L L I

Last Name

N A R A S E G O W D A

☐ B. Name (as per Aadhaar)

K I S H O R B N

2. ☐ Gender (select one)

Male



Female



Transgender

3. ☐ Date of Birth

0 6

0 1

2 0 0 7

4. ☒ Address

Residence



Office

(select one)

Flat/Door/Building

C / O N A R A S E G O W D A B N

Road/Street/Block/Sector

B I S A L A H A L L I

Post Office

B I S L A H A L L I

Area/Locality/Town/City

G O W R I B I D A N U R

District

C H I K K A B A L L A P U R

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5 6 1 2 1 1

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

(i) Mobile Number

Country Code

9 1

Mobile Number

7 7 6 0 2 7 5 3 5 5

(ii) Email ID

girish.ranganna@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

N A R A S E

Father's Middle Name

G O W D A B I S A L A H A L L I

Father's Last Name

N A N J U N D A P P A

9. ☐ Mother's First Name

P R A B H A

Mother's Middle Name

B O M M A S H E T T I H A L L I

Mother's Last Name

G A N G A D H A R A P P 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



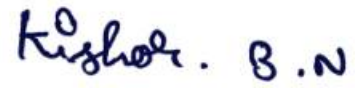
(v) Copy of PAN

Verification & Declaration

a. I, ...**KISHOR BISALAHALLI NARASEGOWDA**....., 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.....**CHIKKABALLAPUR**

Date.....**17/07/2026**

A rectangular box containing a handwritten signature in blue ink that reads "Kishor. B.N".

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



ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

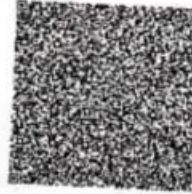
ನೋಂದಣಿ ಸಂಖ್ಯೆ / Enrollment No.: 0221/00397/01369

To
ಕಿಶೋರ್ ಬಿ ಎನ್
Kishor B N
S/O: Narase Gowda B N,
VTC: Bislathalli, PO: Bislathalli,
Sub District: Gaunibidnur, District: Chikkaballapur,
State: Karnataka,
PIN Code: 561211,
Mobile: 7760275355

88293672



KD882936720FL



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

3008 2014 7678

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India



Aadhaar no. Issued: 23/12/2014



ಕಿಶೋರ್ ಬಿ ಎನ್
Kishor B N
ಜನ್ಮ ದಿನಾಂಕ / DOB: 06/01/2007
ಪುರುಷ / Male

ಆಧಾರ್ ಗುರುತಿನ ಪ್ರಮಾಣವಾಗಿದೆ, ಪೌರತ್ವ ಅಥವಾ ಜನ್ಮ ದಿನಾಂಕದ ಪ್ರಮಾಣವಲ್ಲ. ಇದನ್ನು ಅನ್ವೇಷಣೆಗೆ 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.)

3008 2014 7678

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24121334

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आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

MINOR

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

LOQPK0667C

नाम / Name
KISHOR B N

पिता का नाम / Father's Name
BOMMASETTHALLI NANJUNDAPPA NARASE

GOWDA

जन्म की तारीख /
Date of Birth
08/01/2007

हस्ताक्षर / Signature
Prabha B

20012022

