

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

Permanent Account Number (PAN)

A A O P C 0 1 2 9 Q

Aadhaar Number

4 4 1 7 2 2 2 5 5 1 4 3

Sr. No.

Tick
Box

PART A - Personal Information

1. ☒ A. Name

First Name

K R I S H N A M U R T H Y

Middle Name

Last Name

C H A N D R A S H E K A R

☒ B. Name (as per Aadhaar)

K C H A N D R A S H E K A R

2. ☐ Gender (select one)☒

Male

☐

Female

☐

Transgender

3. ☐ Date of Birth

1 0

0 4

1 9 5 3

4. ☒ Address☒

Residence

☐

Office

(select one)

Flat/Door/Building

C / O J M K R I S H N A M U R T H Y

Road/Street/Block/Sector

5 T H M A I N K A V E R I H I G H S C H O O

Post Office

V I D Y A N A G A R

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 2 2 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 4 4 9 9 6 4 0 5 8

(ii) Email ID

chandrashekar1024@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

J A M B U R

Father's Middle Name

M A N J J Y A

Father's Last Name

K R I S H N A M U R T H Y

9. ☐ Mother's First Name

K R I S H N A M U R T H Y

Mother's Middle Name

Mother's Last Name

V E N K A T A L A K S H M I

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, ...**KRISHNAMURTHY.CHANDRASHEKAR**....., 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.....**21/07/2026**



(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 Enrolment No.: 0000/00727/63945

To
ಶಿ ಚಂದ್ರಶೇಖರ್
K Chandrashekar
S/O: Late J M Krishna Murthy,
Karthik,
5th main kaveri HIGH SCHOOL ROAD,
shanthi nagara,
VTC: Hassan,
PO: Vidyanagar (Hassan),
Sub District: Akur,
District: Hassan,
State: Karnataka,
PIN Code: 573202,
Mobile: 9449964058

Signature valid



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

4417 2225 5143

VID : 9156 9151 6348 3223

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India

Aadhaar No. 4417 2225 5143



ಶಿ ಚಂದ್ರಶೇಖರ್
K Chandrashekar
ತಲೆ ದಿನಾಂಕ/DOB: 10/04/1953
ಪ್ರಭುತ್ವ/ MALE

ಆಧಾರ್ ಗುರುತಿನ ಪ್ರಮಾಣವಾಗಿದೆ, ಶಿಕ್ಷಣ, ಆರೋಗ್ಯ ಮತ್ತು ನೋಂದಣಿ ಪ್ರಮಾಣ
ಅಥವಾ ಇತರ ಅಗತ್ಯವಿರುವ ದಾಖಲೆಗಳನ್ನು ಈ ಆಧಾರ್ / ಆಧಾರ್ ಸಂಖ್ಯೆ
ಮೂಲಕವಾಗಿ ಪರಿಶೀಲಿಸಬಹುದು.

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)

4417 2225 5143

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



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



Name/ नाम

K Chandrashekar
के चंद्रशेखर

Abha Number/ खाता संख्या

91-6880-4044-2065

Abha Address/ खाता पता

91688040442065@abdm



Gender/ लिंग
Male / पुरुष

Date Of Birth/ जन्म तिथि
10-04-1953

Mobile/ मोबाइल
9449964058



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



Instructions

Toll-Free Number: 1800 114 477

- With this ABHA you have become a part of India's digital health ecosystem. The card is now your key to access your healthcare services easily.
- ABHA provides you a unique identification and helps in sharing, safeguarding all your digital health records at one place. अबम आपको एक विशिष्ट पहचान प्रदान करता है और आपके सभी डिजिटल स्वास्थ्य रिकॉर्ड को सुरक्षित रूप से एक ही जगह संग्रहीत करता है।
- You can download the ABHA mobile app, Ayogya Setu or other ABDM enabled app to view and share your digital health records with ABDM registered healthcare service providers. अबम सेटु या अन्य डिजिटल स्वास्थ्य रिकॉर्ड को साझा करने के लिए अबम सक्षम ऐप डाउनलोड करें।
- If this card is lost kindly download it from www.abha.abdm.gov.in. It is digitally acceptable. यदि यह कार्ड खो जाए तो www.abha.abdm.gov.in से डाउनलोड करें, यह डिजिटल रूप से स्वीकार्य है।

GOVERNMENT OF MYSORE
DEPARTMENT OF PUBLIC INSTRUCTION

State Educational Research Bureau
and
Bureau of Educational and Vocational Guidance

CUMULATIVE RECORD

NAME OF THE PUPIL K. CHANDRA SHEKARA
(In Block Letters)
FATHER'S NAME J. M. Krishna Murthy
DATE OF OPENING 2-6-65

C No. **49283**

SEAL(S) OF THE SCHOOL(S)

**St. Joseph's High School,
Hassan.**

1.

2. **MUNICIPAL HIGH SCHOOL,
HASSAN.**

3.

4.

5.

446/24
02230
12/12/76

स्थायी खाते संख्या /PERMANENT ACCOUNT NUMBER	AAOPC0129Q	
	नाम /NAME KRISHNAMURTHY CHANDRASHEKAR	
	पिता का नाम /FATHER'S NAME JAMBUR MANJJYA KRISHNAMURTHY	
	जन्म तिथि /DATE OF BIRTH 10-04-1953	
हस्ताक्षर /SIGNATURE		
	मुख्य आयकर अधिकारी, कर्नाटक एवं गोवा Chief Commissioner of Income-tax, Karnataka & Goa	