

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

Permanent Account Number (PAN)

A U T P A 0 9 5 2 C

Aadhaar Number

4 0 6 4 5 6 9 4 9 7 8 4

Sr. No.

Tick  
Box

## PART A - Personal Information

1. ☒ A. Name

First Name

M U D A L A L I N G A N A K O P P A L U

Middle Name

R A N G E G O W D A

Last Name

A S H O K

☒ B. Name (as per Aadhaar)

M R A S H O K

2. ☐ Gender (select one)☒

Male

☐

Female

☐

Transgender

3. ☐ Date of Birth

0 6

0 4

1 9 7 9

4. ☒ Address☒

Residence

☐

Office

(select one)

Flat/Door/Building

2 5

Road/Street/Block/Sector

M U D I L I N G A N A K O P P A L U G R A A M A

Post Office

K A L Y A D I

Area/Locality/Town/City

K A L Y A D I

District

H A S S A N

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5 7 3 1 2 2

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

(i) Mobile Number

Country Code

9 1

Mobile Number

9 7 3 1 1 7 8 1 0 3

(ii) Email ID

smksevakendra@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

R A N G E G O W D A

Father's Middle Name

M U D D A N I N G A N A K O P P A L U

Father's Last Name

D E V E G O W D A

9. ☐ Mother's First Name

Mother's Middle Name

Mother's Last Name

K R I S H N 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 &amp; 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, ...~~MUDALALINGANAKOPPALU RANGEGOWDA ASHOK~~ 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.....**25/07/2026**

**MR Ashok**

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



भारत सरकार  
भारत सरकार



आधार

ಭಾರತ ಸರ್ಕಾರ  
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ  
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 0639/50304/08507

Download Date: 17/08/2020

To

ಎಮ್ ಆರ್ ಆಶೋಕ್

M R Ashok

C/O: Rangegowda

25

Mudilinganakoppalu graama arasikere taluku javagal hobli

Kalyadi

Kalyadi

Hassan Kamataka - 573122

9731178103

Issue Date: 06/08/2020

Signature valid

Digitally signed by  
UNIQUE IDENTIFICATION  
AUTHORITY OF INDIA  
Date: 2020.08.13 13:34:14  
IST



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

4064 5694 9784

VID : 9179 4692 4353 4204

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ  
Government of India

Download Date: 17/08/2020



ಎಮ್ ಆರ್ ಆಶೋಕ್

M R Ashok

ಜನ್ಮ ದಿನಾಂಕ/DOB: 06/04/1979

ಪುರುಷ/ MALE

Issue Date: 06/08/2020

4064 5694 9784

VID : 9179 4692 4353 4204

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**REG NO : KA13HC3071**

**FORM-23A**  
(See Rule 48)

REG. DATE : 27-12-2024  
CHASSIS NO : ME4JK158LRG100706  
ENGINE NO : JK15EG7100876  
MODEL : ACTIVA DLX  
OWNER NAME : M R Ashok  
S/W/D OF : Rangegowda  
ADDRESS : #25 Mudiliganakoppalu (V) Kalyadi, (P)  
Javagal (H) Arasikere Tq., Hassan, Ka,  
573122  
MFR : HONDA MOTORCYCLE AND SCOOTER INDIA (P) LTD  
BODY : FULL BODY  
WHEEL BASE : 1260  
MFG. DATE : 11-2024  
FUEL : PETROL  
REG/FC UPTO : 26-12-2039  
O.S.L. NO : 01  
COLOUR : Pearl Precious White  
CLASS : M-Cycle/Scooter  
NO. OF CYL : 1  
UNLADEN WT : 106  
SEATING : 2  
STDG/SLPR : 0  
CC : 109.51

Registering Authority  
HASSAN RTO

DL No. : KA13 19990100338  
NAME : ASHOK M R  
D.O.B : 06/04/1979  
VALID TILL : 05/04/2029(NT)

DOI : 26/04/1999  
FORM - 7  
(See Rule 102B)  
B.G. :  
03/01/2026 (TR)  
BADGE NO : 8409/BUS  
5984M/CAB



**VALID THROUGHOUT INDIA**

COV : LMV 26/04/1999  
MCWG 21/02/2006  
TRANS 04/01/2003

S/o : RANGE GOWDA M D  
ADDRESS : M KOPPALU (V), KALYADI (P) ARSIKERE TQ  
ARSIKERE, HASSAN 573103

Sign. Of Holder

Sign. Licencing Authority  
HASSAN DISTRICT

CDOL 24-Sep-21



आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

ASHOK M R

RANGEGOWDA  
MUDDANINGANAKOPPALU DEVEGOWDA  
06/04/1979



Permanent Account Number

AUTPA0952C

MR Ashoka

Signature



07042015