PAN CR-01

Request For Changes Or Correction in PAN Data

[For an Individual]

Permanent Account Number (PAN)
B N H P C 0 6 7 1 G

Aadhaar Number
3 2 2 4 6 4 1 1 4 7 6 5

Sr. No.	Tick Box	PART A - Personal Information

1. A. Name — Tick

First Name	D R A K S H A Y A N I
Middle Name	
Last Name	C H A V A R A G I

B. Name *(as per Aadhaar)* — Tick

D R A K S H A Y A N I C H A V A R A G I

2. Gender *(select one)* — Tick Male ☑ Female Tick Transgender

3. Date of Birth — Tick 0 8 1 1 1 9 8 3

4. Address — ☑

Tick ☑ Residence Tick Office *(select one)*

Flat/Door/Building	C / O D O D D I S H W A R A P P A K A M P L I
Road/Street/Block/Sector	U G G I N A K E R I
Post Office	U G G I N A K E R I
Area/Locality/Town/City	H A L L I
District	D H A R W A D
State/Union Territory	KUMAR
Country/Region	INDIA
PIN / ZIP CODE	1 2 3 4 5 6

5. Passport Number — Tick

6. Taxpayer Identification Number in the Country of Residence — Tick

7. Contact Details — ☑

(i) Mobile Number	Country Code	9 1 — Mobile Number: 9 3 5 3 5 2 4 8 8 4
(ii) Email ID		kumarkoravar75@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. Tick	**Father's First Name**	D O D D I S H W A R A P P A
	Father's Middle Name	
	Father's Last Name	K A M P L I
9. Tick	**Mother's First Name**	S H A N T H A V V A
	Mother's Middle Name	
	Mother's Last Name	K A M P L I

10. Name of parent to be printed on Permanent Account Number card *(select one)* — ☑ Father Tick 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

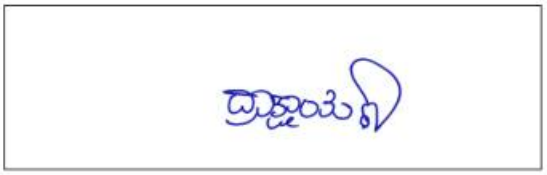
☑ (iv) Documentay proof in support of other changes ☑ (v) Copy of PAN

Verification & Declaration

a. I , ….DRAKSHAYANI CHAVARAGI……., 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……DHARWAD

Date……01/08/2026



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

भारत सरकार

आधार

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ / Enrollment No.: 4050/50043/00995

To
ದ್ರಾಕ್ಷಾಯಣಿ ಚವರಗಿ
Drakshayani Chavaragi
W/O: Yallappa,
VTC: Ugginakeri,
PO: Ugginakeri,
Sub District: Kalghatgi, District: Dharwad,
State: Karnataka,
PIN Code: 581204,
Mobile: 8722425294

22004579

MK220045797FE

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

3224 6411 4765

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಆಧಾರ್

Aadhaar no. Issued: 05/08/2014

ದ್ರಾಕ್ಷಾಯಣಿ ಚವರಗಿ
Drakshayani Chavaragi
ಜನ್ಮ ದಿನಾಂಕ / DOB : 08/11/1983
ಸ್ತ್ರೀ / Female

ಆಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯಾಗಿದೆ, ಪೌರತ್ವ ಅಥವಾ ಜನ್ಮ ದಿನಾಂಕದ ಪುರಾವೆ ಅಲ್ಲ. ಇದನ್ನು ಆನ್‌ಲೈನ್ ದೃಢೀಕರಣ ಅಥವಾ QR ಕೋಡ್ / ಆಫ್‌ಲೈನ್ XML ಸ್ಕ್ಯಾನಿಂಗ್‌ನೊಂದಿಗೆ 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)

3224 6411 4765

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

national health authority

Ayushman Bharat Health Account (ABHA)

आयुष्मान भारत स्वास्थ्य खाता (आभा)

Name/ ಹೆಸರು

Drakshayani Chavaragi

ದ್ರಾಕ್ಷಾಯಣಿ ಚವರಗಿ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

91-4073-1272-4302

Abha Address/ ಅಭಾ ವಿಳಾಸ

91407312724302@abdm

Gender/ ಲಿಂಗ

Female / ಹೆಣ್ಣು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ

08-11-1983

Mobile/ ಮೊಬೈಲ್

8722425294