

PAN CR-01

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

Permanent Account Number (PAN)

B L M P L 9 8 3 5 N

Aadhaar Number

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

Sr. No.

Tick
Box

PART A - Personal Information

1. ☒ A. Name

First Name

L

A

V

A

N

Y

A

Middle Name

K

E

N

C

H

E

N

A

H

A

L

L

I

Last Name

S

H

E

K

H

A

R

A

P

P

A

☒ B. Name (as per Aadhaar)

L

A

V

A

N

Y

A

K

S

2. ☐ Gender (select one)☐

Male

☒

Female

☐

Transgender

3. ☐ Date of Birth

2

3

0

8

1

9

9

7

4. ☒ Address☒

Residence

☐

Office

(select one)

Flat/Door/Building

2

7

,

K

E

N

C

H

E

N

A

H

A

L

L

I

Road/Street/Block/Sector

B

A

N

A

V

A

R

Post Office

A

R

A

K

E

R

E

Area/Locality/Town/City

A

R

A

K

E

R

E

District

H

A

S

S

A

N

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

7

3

1

1

2

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

(i) Mobile Number

Country Code

9

1

Mobile Number

9

3

8

0

2

3

5

7

4

0

(ii) Email ID

lavanyapatelp@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

Father's Middle Name

Father's Last Name

S

H

E

K

H

A

R

A

P

P

A

9. ☐ Mother's First Name

Mother's Middle Name

Mother's Last Name

K

A

N

T

H

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, ...**LAVANYA KENCHENAHALLI SHEKHARAPPA**.. 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.....**03/08/2026**



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



ಭಾರತ ಸರ್ಕಾರ
Government of India

Aadhaar no. issued: 15/09/2013



ಲಾವಣ್ಯ ಕೆ ಎಸ್
Lavanya K S
ಜನ್ಮ ದಿನಾಂಕ/DOB: 23/08/1997
ಸ್ತ್ರೀ / FEMALE

ಅಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯಾಗಿದೆ, ಪೌರತ್ವ ಅಥವಾ ಜನ್ಮ ದಿನಾಂಕದ ಪುರಾವೆ ಅಲ್ಲ. ಇದನ್ನು ಅನ್ವೇಷಣಾ ಕೋಡ್ ಅಥವಾ XML ಮೂಲಕ 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)

6172 1067 8841

ನನ್ನ ಅಧಾರ್, ನನ್ನ ಗುರುತು



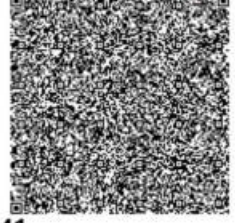
ಭಾರತೀಯ ಏಕೀಕೃತ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India



Details as on: 03/08/2026

ವಿಳಾಸ:
D/O: ಶೇಖರಪ್ಪ, 27, ಕೆಂಚೇನಹಳ್ಳಿ, -, ಬಾನಾವರ, ಅರಕೇರಿ,
ಅರಕೇರಿ, ಹಾಸನ,
ಕರ್ನಾಟಕ - 573112

Address:
D/O: Shekharappa, 27, kenchenahalli, -, banavar,
Arakere, PO: Arakere, DIST: Hasan,
Karnataka - 573112



6172 1067 8841

VID : 9149 1857 8623 4128

1947

help@uidai.gov.in

www.uidai.gov.in

**Name/ ಹೆಸರು****Lavanya K S****ಲಾವಣ್ಯ ಕೆ ಎಸ್****Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ****91-7082-4040-3020****Abha Address/ ಅಭಾ ವಿಳಾಸ****91708240403020@abdm****Gender/ ಲಿಂಗ**
Female / ಹೆಣ್ಣು**Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ**
23-08-1997**Mobile/ ಮೊಬೈಲ್**
9380235740**Instructions****Toll-Free Number: 1800 114 477**

- 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।

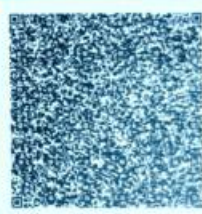
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
BLMPL9835N



नाम / Name
LAVANYA

पिता का नाम / Father's Name
SHEKHARAPPA

जन्म की तारीख / Date of Birth
23/08/1997

हस्ताक्षर / Signature

03672