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	LAVANYA
		Middle Name	KENCHENAHALLI
		Last Name	SHEKHARAPPA
	✓	**B. Name** *(as per Aadhaar)*	
			LAVANYA K S
2.	Tick	**Gender** *(select one)*	Tick Male ✓ Female Tick Transgender
3.	Tick	**Date of Birth**	23 08 1997
4.	✓	**Address**	
			✓ Residence Tick Office *(select one)*
		Flat/Door/Building	27, KENCHENAHALLI
		Road/Street/Block/Sector	BANAVAR
		Post Office	ARAKERE
		Area/Locality/Town/City	ARAKERE
		District	HASSAN
		State/Union Territory	KARNATAKA
		Country/Region	INDIA
		PIN / ZIP CODE	573112
5.	Tick	**Passport Number**	
6.	Tick	**Taxpayer Identification Number in the Country of Residence**	
7.	✓	**Contact Details**	
		(i) Mobile Number	Country Code 91 Mobile Number 9380235740
		(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.	Tick	**Father's First Name**	
		Father's Middle Name	
		Father's Last Name	SHEKHARAPPA
9.	Tick	**Mother's First Name**	
		Mother's Middle Name	
		Mother's Last Name	KANTHA
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 , ...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

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)

6172 1067 8841

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

Details as on: 03/08/2026

ವಿಳಾಸ:
D/O: ಶೇಖರಪ್ಪ, 27, ಕೆಂಚೇನಹಳ್ಳಿ, -, ಬಾಣಾವರ, ಅರಕೆರೆ, ಅರಕೆರೆ, 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

national health authority

Ayushman Bharat Health Account (ABHA)

आयुष्मान भारत स्वास्थ्य खाता (आभा)

Name/ ಹೆಸರು

Lavanya K S

ಲಾವಣ್ಯ ಕೆ ಎಸ್

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

91-7082-4040-3020

Abha Address/ ಅಭಾ ವಿಳಾಸ

91708240403020@abdm

Gender/ ಲಿಂಗ	Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ	Mobile/ ಮೊಬೈಲ್
Female / ಹೆಣ್ಣು	**23-08-1997**	**9380235740**

national health authority

Ayushman Bharat Health Account (ABHA)

आयुष्मान भारत स्वास्थ्य खाता (आभा)

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