PAN CR-01

Request For Changes Or Correction in PAN Data

[For an Individual]

Permanent Account Number (PAN)
B M F P C 5 9 2 1 A

Aadhaar Number
9 2 7 1 8 8 8 8 4 7 3 4

Sr. No.	Tick Box	PART A - Personal Information

1. A. Name (Tick)

First Name	CHANDRASHEKAR
Middle Name	MARENAHALLI
Last Name	SHIVARAJU

B. Name *(as per Aadhaar)* (Tick)

CHANDRASHEKAR MS

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

3. Date of Birth (Tick) 01 05 1988

4. Address (✓)

(Tick) ✓ Residence (Tick) Office *(select one)*

Flat/Door/Building	143
Road/Street/Block/Sector	CHANNAPATTANA
Post Office	HASSAN
Area/Locality/Town/City	VTC HASSAN
District	HASSAN
State/Union Territory	KARNATAKA
Country/Region	INDIA
PIN / ZIP CODE	573201

5. Passport Number (Tick)

6. Taxpayer Identification Number in the Country of Residence (Tick)

7. Contact Details (✓)

(i) Mobile Number	Country Code	91	Mobile Number	8277414127
(ii) Email ID	yukthainsurance@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 (Tick)

Father's Middle Name

Father's Last Name: SHIVARAJU

9. Mother's First Name (Tick)

Mother's Middle Name

Mother's Last Name: VASANTHA

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 , ...CHANDRASHEKAR MARENAHALLI SHIVARAJUin 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.....04/08/2026

(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

ನೋಂದಾವಣಿ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No. : 2738/02225/18374

To
Chandrashekar M S
ಚಂದ್ರಶೇಖರ್ ಎಮ್ ಎಸ್
S/O: Shivaraju,
#143,
Channapattana,
VTC: Hassan, PO: Hassan,
Sub District: Alur, District: Hassan,
State: Karnataka, PIN Code: 573201,
Mobile: 9743778851

07753563

KG077535639FI

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

9271 8888 4734

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಆಧಾರ್

Issue Date: 12/07/2013

ಚಂದ್ರಶೇಖರ್ ಎಮ್ ಎಸ್
Chandrashekar M S
ಜನ್ಮ ದಿನಾಂಕ / DOB: 01/05/1988
ಪುರುಷ / Male

9271 8888 4734

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

national health authority

Ayushman Bharat Health Account (ABHA)

आयुष्मान भारत स्वास्थ्य खाता (आभा)

Name/ ಹೆಸರು

Chandrashekar M S

ಚಂದ್ರಶೇಖರ್ ಎಮ್ ಎಸ್

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

91-2037-7606-0477

Abha Address/ ಅಭಾ ವಿಳಾಸ

91203776060477@abdm

Gender/ ಲಿಂಗ	Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ	Mobile/ ಮೊಬೈಲ್
Male / ಗಂಡು	**01-05-1988**	**9743778851**

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

BMFPC5921A

नाम / Name
CHANDRASHEKAR M S

पिता का नाम / Father's Name
SHIVARAJU

जन्म की तारीख / Date of Birth
01/05/1988

हस्ताक्षर / Signature

23042017