

PAN CR-01

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

Permanent Account Number (PAN)

G O F P S 3 6 5 4 D

Aadhaar Number

8 9 3 0 0 9 4 1 2 3 3 8

Sr. No.

Tick
Box

PART A - Personal Information

1. ☐ A. Name

First Name

S H U B H A

Middle Name

Last Name

C H I M M A L A G I

☐ B. Name (as per Aadhaar)

S H U B H A C H I M M A L A G I

2. ☐ Gender (select one)☐

Male

☒

Female

☐

Transgender

3. ☐ Date of Birth

2

6

0

6

1

9

9

2

4. ☒ Address☒

Residence

☐

Office

(select one)

Flat/Door/Building

P

E

3

7

3

G

U

R

U

D

A

S

A

M

M

A

K

R

U

P

A

Road/Street/Block/Sector

M

A

R

I

G

O

W

D

I

H

A

L

L

I

D

P

O

P

A

R

Post Office

M

A

L

L

I

G

E

N

A

H

A

L

L

I

Area/Locality/Town/City

S

H

I

M

O

G

A

,

S

H

I

V

A

M

O

G

G

A

District

S

H

I

V

A

M

O

G

G

A

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

7

7

2

0

5

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

(i) Mobile Number

Country Code

9

1

Mobile Number

7

2

5

9

5

8

4

1

8

(ii) Email ID

shubha4181@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

H

A

N

U

M

A

N

T

H

Father's Middle Name

Father's Last Name

C

H

I

M

M

A

L

A

G

I

9. ☐ Mother's First Name

Mother's Middle Name

Mother's Last Name

G

A

Y

A

T

H

R

I

B

A

I

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, ...**SHUBHA CHIMMALAGI**....., 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.....**SHIVAMOGGA**

Date.....**08/08/2026**



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



ಭಾರತೀಯ ಏಕೈಕ ಗುರುತು ವ್ಯಾಪ್ತಿ

ಭಾರತ ಸರ್ಕಾರ

Unique Identification Authority of India
Government of India

ಸೋದರ ಸಂಖ್ಯೆ Enrolment No.: 2017/78262-38445

To:
ಶುಭ ಶಿವಲಿಂಗಿ
Shubha Chennalangi
W/O N Shreyas
#E 273 Gunaravanna Krupa
A B Vajapeyee Badavane
Malligenahalli
Opp Park
Shimoga
Gopala Extension
Shivamogga Karnataka - 577205
7259564181

Download Date: 03/08/2017

Generation Date: 27/08/2017



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

8930 0941 2338

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ

Government of India



ಶುಭ ಶಿವಲಿಂಗಿ
Shubha Chennalangi
Age: 26 DOB: 26/06/1992
FEMALE

8930 0941 2338



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. : 8930 0941 2338



Name/ ಹೆಸರು

Shubha Chimmalagi

ಶುಭ ಚಿಮ್ಮಲಗಿ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

91-2830-4631-8517

Abha Address/ ಅಭಾ ವಿಳಾಸ

shubha.chimmalagi@abdmGender/ ಲಿಂಗ
Female / ಹೆಣ್ಣುDate Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ
26-06-1992Mobile/ ಮೊಬೈಲ್
7259584181**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
GOFPS3854D

नाम / Name
SHRUBHA CHIMMALAGI

पिता का नाम / Father's Name
HANUMANTHAPPA

जन्म की तिथि /
 Date of Birth
26/06/1992

हस्ताक्षर / Signature

In case this card is lost / found, kindly inform / return to :
 Income Tax PAN Services Unit, UTITITSL
 Plot No. 3, Sector 11, CBD Belapur,
 Navi Mumbai - 400 614.
 Helpline Number : 022-40002999

इस कार्ड के खोने/पाने का कृपया सूचित करें/सीधारे :
 आयकर पैन सेवा यूनिट, UTITITSL,
 प्लॉट नं: 3, सेक्टर 11, सी डी बी बेलपुर,
 नवी मुंबई-400 614.
 हेल्पलाइन नंबर : 022-40002999

For Income Tax R
 Queries
 E-Mail :
 pangrevarca@income
 tax.systems1.1@income