

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

Permanent Account Number (PAN)

F Y K P P 4 0 3 9 M

Aadhaar Number

5 6 5 6 8 1 7 5 1 6 5 7

Sr. No.

Tick
Box

PART A - Personal Information

1. ☐ A. Name

First Name

Middle Name

Last Name

P R A H L A D H

☐ B. Name (as per Aadhaar)

P R A H L A D H

2. ☐ Gender (select one)

Male



Female



Transgender

3. ☒ Date of Birth

1 6

1 1

1 9 7 9

4. ☒ Address

Residence



Office

(select one)

Flat/Door/Building

Road/Street/Block/Sector

Post Office

Area/Locality/Town/City

District

C / O R A J A S H E K A R

H E G G O V E V I L L A G E K U N N I G A N A

B E L A G O D U

S A K A L E S H P U R A T A L U K

H A S S A N

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5 7 3 2 1 4

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

(i) Mobile Number

Country Code

9 1

Mobile Number

7 6 1 9 5 5 6 1 6 4

(ii) Email ID

kushalvc195@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

R A J A S H E K A R

9. ☐ Mother's First Name

Mother's Middle Name

Mother's Last Name

J A Y A M M 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, ...**PRAHLADH**....., 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.....**10/08/2026**

A rectangular box containing a handwritten signature in black ink. The signature appears to be 'PRAHLADH' written in a stylized, cursive manner.

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



ಭಾರತ ಸರ್ಕಾರ
Government of India

Aadhaar no. issued: 18/08/2018



ಪ್ರಹ್ಲಾದ್

Prahlaad

ಜನ್ಮ ದಿನಾಂಕ/DOB: 16/11/1979

ಪುರುಷ/ MALE

ಅಧಾರ್ ಗುರುತಿನ ಪ್ರಮಾಣವಾಗಿದೆ, ಜೊತೆಗೆ ಅದರ ಜನ್ಮ ದಿನಾಂಕದ ಪ್ರಮಾಣವಲ್ಲ. ಇದನ್ನು ಅಧಾರ್‌ನಲ್ಲಿ ಪ್ರಮಾಣೀಕರಣ ಅಥವಾ ಒನ್ ಲೈನ್ / ಅಫ್ ಲೈನ್ 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)

5656 8175 1657

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತೀಯ ಏಕೀಕೃತ ಗುರುತು ಅಧಿಕಾರ

Unique Identification Authority of India



Details as on: 10/04/2028

ವಿಳಾಸ:
S/O: Rajashekar, HEGGOVE VILLAGE,
KUNNIGANAHALLI POST, BELAGODU HOBLI
SAKALESHUPURA TALUK, HASSAN, Belagodu,
PO: Belagodu, DIST: Hassan,
Karnataka - 573214



5656 8175 1657

VID : 9162 4807 0442 4408

1947

help@uidai.gov.in

www.uidai.gov.in

**Name/ ಹೆಸರು****Prahladh****ಪ್ರಹ್ಲಾಧ್****Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ****91-7616-5401-5475****Abha Address/ ಅಭಾ ವಿಳಾಸ****prahaldh1979@abdm****Gender/ ಲಿಂಗ**
Male / ಗಂಡು**Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ**
16-11-1979**Mobile/ ಮೊಬೈಲ್**
7619556164**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
FYKPP4039M



नाम / Name
PRAHLADH

पिता का नाम / Father's Name
RAJASHEKAR

जन्म की तारीख
Date of Birth
01/01/1974

हस्ताक्षर / Signature

20102020