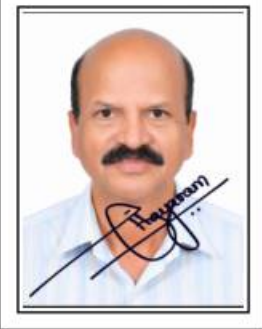


Request For Changes Or Correction in PAN Data
[For an Individual]

Permanent Account Number (PAN)

A D U P J 6 1 1 0 B

Aadhaar Number

9 6 3 6 0 6 2 3 4 6 7 2

Sr. No.

Tick
Box

PART A - Personal Information

1. ☒ A. Name

First Name

D R

Middle Name

J A Y A R A M C H I K K A M A G A R A V A L L Y

Last Name

T H I M M E G O W D A

☒ B. Name (as per Aadhaar)

D R J A Y A R A M C T

2. ☐ Gender (select one)☒

Male

☐

Female

☐

Transgender

3. ☐ Date of Birth

0 2

0 9

1 9 5 7

4. ☒ Address☒

Residence

☐

Office

(select one)

Flat/Door/Building

1 2 0 M A Y U R

Road/Street/Block/Sector

K U V E M P U R O A D

Post Office

V I D Y A N A G A R (H A S S A N)

Area/Locality/Town/City

V I D Y A N A G A R A

District

H A S S A N

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5 7 3 2 0 2

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

(i) Mobile Number

Country Code

9 1

Mobile Number

9 4 4 8 3 4 6 5 6 5

(ii) Email ID

drctjayaramad@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

C H I K K A M A G A R A V A L L Y

Father's Middle Name

B Y R E G O W D A

Father's Last Name

T H I M M E G O W D A

9. ☐ Mother's First Name

Mother's Middle Name

Mother's Last Name

S E E T H 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, ...~~DR. JAYARAM CHIKKAMAGARAVALLY THIMMESOWDA~~ in 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.....**13/08/2026**

A rectangular box containing a handwritten signature in black ink. The signature appears to be 'Jayaram' with a stylized flourish.

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



भारत सरकार
भारत सरकार



ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 0221/00435/01173

To
ಡಾ ಜಯರಾಮ್ ಸಿ ಟಿ
Dr Jayaram C T
S/O: Late C B Thimme Gowda,
120 MAYUR,
Kuvempu Road,
Near Christ School,
Vidyanagara,
VTC: Hassan,
PO: Vidyanagar (Hassan),
Sub District: Hassan,
District: Hassan,
State: Karnataka,
PIN Code: 573202

Mobile: 9448346565
Signature valid

Digitally signed by Unique
Identification Authority of India
DN
Date: 2020.09.12 12:44:53
IST



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

9636 0623 4672

VID : 9153 3220 9799 1557



ಭಾರತ ಸರ್ಕಾರ
Government of India

Aadhaar no. issued: 10/12/2013



ಡಾ ಜಯರಾಮ್ ಸಿ ಟಿ
Dr Jayaram C T
ಜನ್ಮ ದಿನಾಂಕ/DOB: 02/09/1957
ಪುರುಷ/ MALE

ಆಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯಾಗಿದೆ, ಪೌರತ್ವ ಅಥವಾ ಜನ್ಮ ದಿನಾಂಕದ ಪುರಾವೆ
ಅಲ್ಲ. ಇದನ್ನು ಆನ್‌ಲೈನ್ ವೈಡಿಕೇಷನ್ ಅಥವಾ QR ಕೋಡ್ / ಆಫ್‌ಲೈನ್ XML
ಸ್ಕ್ಯಾನ್‌ಗೆ ಸೀಂಟರಿಕ್ 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)

9636 0623 4672

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

DL No. : KA13 19980003993
NAME : DR JAYARAM C T
D.O.B : 02/09/1957
VALID TILL : 19/01/2028(NT)

DOI : 29/01/1998

FORM - 7
[See Rule 16(2)]

B.G. :



VALID THROUGHOUT INDIA
COV : LMV 10/02/1998
: MCWG 29/01/1998

CDOI : 20-01-2023

S/o : THIMME GOWDA C T
ADDRESS : NO 120, MAYUR, NEAR CHRIST SCHOOL
KUVEMPU ROAD, VIDYANAGAR
HASSAN573201


Sign. Of Holder


Sign. Licencing Authority
HASSAN(KA13)

ಕರ್ನಾಟಕ ರಾಜ್ಯ KARNATAKA STATE

INDIAN UNION MOTOR DRIVING LICENCE

DKA0269471



ಶಾಂತಿ ಸ್ತಂಭ



ಪಾರಿಗ್ ಇಲಾಖೆ
TRANSPORT DEPARTMENT



आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

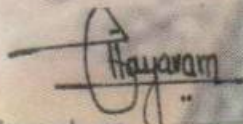
DR C T JAYARAM

C B THIMMEGOWDA

02/09/1957

Permanent Account Number

ADUPJ6110B


Signature

