

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



Permanent Account Number (PAN)

B T E P G 0 6 6 3 F

Aadhaar Number

5 0 5 3 1 5 4 7 1 5 1 7

Sr. No.

Tick
Box

PART A - Personal Information

1. ☐ A. Name

First Name

Middle Name

Last Name

G O W R A M M A

☐ B. Name (as per Aadhaar)

G O W R A M M A

2. ☐ Gender (select one)☐

Male

☒

Female

☐

Transgender

3. ☒ Date of Birth

0 9

0 4

1 9 4 0

4. ☒ Address☒

Residence

☐

Office

(select one)

Flat/Door/Building

Road/Street/Block/Sector

Post Office

Area/Locality/Town/City

District

W / O M A R U L A S H E T T Y

V T C C H I K K A M E T I R U K E , P O D O D

D O D D A M E T T I K U R K E

C H I K K A M E T I R U K E

H A S S A N

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5 7 3 1 1 7

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 6 1 6 1 8 5

(ii) Email ID

srivinayakacomputerdmk@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

N A N J A P P A

9. ☐ Mother's First Name

Mother's Middle Name

Mother's Last Name

S I D D 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, ...**GOWRAMMA**....., 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.....**07/10/2026**



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



ಭಾರತ ಸರ್ಕಾರ
Government of India

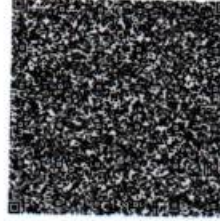
ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/Enrolment No.: 0804/04488/01490

To
ಗೌರಮ್ಮ
Gowamma
W/O: Marulashetty,
VTC: Chikkamettkurke,
PO: Doddamettkurke,
Sub District: Arsikere,
District: Hassan,
State: Karnataka,
PIN Code: 573117
Mobile: 9448616185

Signature valid

Digitally signed by Gowamma
Unique Identification Authority of India
DN: cn=Gowamma, o=Unique Identification Authority of India
Date: 2022.07.17 16:52:08
+05'30'



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

5053 1547 1517

VID : 9177 1983 2455 2386

ನನ್ನ ಆಧಾರ್. ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India

Aadhaar no. issued: 14/01/2013



ಗೌರಮ್ಮ
Gowamma
ಜನ್ಮ ದಿನಾಂಕ/DOB: 09/04/1940
ಸ್ತ್ರೀ/FEMALE

ಆಧಾರ್ ಗುರುತಿನ ಪ್ರಮಾಣವಾಗಿದೆ, ಪೌರತ್ವ ಅಥವಾ ಜನ್ಮ ದಿನಾಂಕದ ಪ್ರಮಾಣ
ಅಲ್ಲ. ಇದನ್ನು ಆನ್‌ಲೈನ್‌ನಲ್ಲಿ ದೃಢೀಕರಣ ಅಥವಾ QR ಕೋಡ್ / ಆಫ್‌ಲೈನ್‌ನಲ್ಲಿ XML
ಸ್ಕ್ಯಾನಿಂಗ್‌ನೊಂದಿಗೆ ಮಾತ್ರ ಉಪಯೋಗಿಸಬೇಕು.

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.)

5053 1547 1517

ನನ್ನ ಆಧಾರ್. ನನ್ನ ಗುರುತು



Name/ ಹೆಸರು
Gowramma
ಗೌರಮ್ಮ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ
78-8275-3064-4825

Abha Address/ ಅಭಾ ವಿಳಾಸ
78827530644825@abdm



Gender/ ಲಿಂಗ
Female / ಹೆಣ್ಣು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ
09-04-1940

Mobile/ ಮೊಬೈಲ್
9448616185

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

GOWRAMMA

NANJAPPA

01/01/1945

Permanent Account Number

BTEPG0663F

संरक्षक

Signature



26112015