



FORM NO. 93

[See rule 158]

Application for Allotment of Permanent Account Number

[For an Individual being a Citizen of India]



Sr. No.

PART A - Personal Information

1. A. Name

First Name

Middle Name

Last Name

L I N G A M M A

B. Name (as per Aadhaar)

L I N G A M M A

2. Gender (select one)

☐ Tick

Male

☒ Tick

Female

☐ Tick

Transgender

3. Date of Birth

0

1

0

1

1

9

8

0

4. Aadhaar Number

5

2

1

3

5

8

3

4

9

1

7

3

5. Residence Address

Flat/Door/Building

G

I

R

I

S

H

A

P

R

Road/Street/Block/Sector

P

U

R

A

V

I

L

L

A

G

E

Post Office

P

U

R

A

Area/Locality/Town/City

G

O

W

R

I

B

I

D

A

N

U

R

District

C

H

I

K

K

A

B

A

L

L

A

P

U

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

6

1

2

1

1

6. Office Address

Flat/Door/Building

Road/Street/Block/Sector

Post Office

Area/Locality/Town/City

District

State/Union Territory

Country/Region

PIN / ZIP CODE

7. Residential Status (select one as applicable)

☒ Tick

Resident

☐ Tick

Non Resident

☐ Tick

Resident but Not ordinarily Resident

8. Passport Number (mandatory for (i) Non Resident (ii) Resident but not ordinarily resident)

9. Taxpayer Identification Number (TIN) in the Country of Residence (if any)

10. Contact Details

(i) Mobile Number

Country Code

9

1

Mobile Number

8

9

5

1

3

2

0

9

7

6

(ii) Email ID

GIRISH.RANGANNA@GMAIL.COM

(iii) Landline No. with STD Code (if any) STD Code

Landline Number

PART B- Source of Income

11. Source of Income (select one or more)

☐ Tick

Salary

☐ Tick

Income from Business/Profession

☐ Tick

Income from House Property

☐ Tick

Capital Gains

☒ Tick

Income from Other Sources

☐ Tick

No Income

PART C - Details of Parents

12. Whether mother/father is a single parent? (select one)

☐ Tick

Yes

☒ Tick

No

13. Father's First Name

Father's Middle Name

Father's Last Name

G A N G A P P A

15. Name of parent to be printed on Permanent Account Number card (select one) ☒ Father ☐ Mother

16. Assessing Officer (AO Code)	(i) Area Code	K	A	R	(ii) AO Type	W	
	(iii) Range Code	1	2	8	(iv) AO No.	9	4

[illegible][illegible]

20. Representative Assessee Address																				
Flat/Door/Building																				
Road/Street/Block/Sector																				
Post Office																				
Area/Locality/Town/City																				
District																				
State/Union Territory							Country/Region							PIN / ZIP CODE						

21. Contact Details

(i) Mobile Number Country Code

(ii) Email ID

(iii) Landline No. with STD Code (*if any*) STD Code

22. Address for Communication (select one) ☒ Residence Address ☐ Representative Assessee Address ☐ Office Address

23. Documents submitted as Proof of Identity, Proof of Address and Proof of Date of Birth of the Applicant

☒ (i) Proof of Identity ☒ (ii) Proof of Address ☒ (iii) Proof of Date of Birth

24. Documents submitted as Proof of Identity, Proof of Address of Representative Assessee

☐ Tick (i) Proof of Identity
 ☐ Tick (ii) Proof of Address

LINGAMMA

a. I,, 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.

b. I declare that the applicant does not possess Permanent Account Number and shall be liable for legal consequences under Income-Tax Act, 2025 if this
declaration is found to be incorrect

Place.**CHIKKABALLAPUR**

Date.. **29/06/2026**

உள்ளே

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

Name: LINGAMMA

Designation: **AUTHORIZED PERSON**



भारत

Unique Identific
Govern

Student no./Enrolme

Lingamma (2000)

Date: 13/06/20
Lingamma (Dombivli)
W/O: Venkateshappa, 65, .. Kodiganahalli,
Gowribidanuru Taluk, Kodiganahalli, Chikkaballapur,
Karnataka - 561211

16 **आधार नं./ Your Aadhaar No.:**

5213 5834 9173



ನನ್ನ ಅಧಾರ್, ನನ್ನ ಗುರುತು



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 Red Bull Energy Drink. www.redbull.com

[illegible]

1. The first part of the text discusses the importance of maintaining accurate records of all transactions, including sales, purchases, and expenses. It emphasizes that proper record-keeping is essential for determining the correct amount of tax liability.



GOVERNMENT OF INDIA



cents.

Lingamma

DOB: 01/01/1980

♀ / FEMALE



5213 5834 9173

ಪ್ರಾ. ಮಹಾಶ್ವೇತ, ಪ್ರಾ. ಮಹಾಶ್ವೇತ



Name/ ಹೆಸರು

Lingamma

ಲಿಂಗಮ್ಮ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

91-7535-6854-5630

Abha Address/ ಅಭಾ ವಿಳಾಸ

lingamma_1980011@abdm



Gender/ ಲಿಂಗ
Female / ಹೆಣ್ಣು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ
01-01-1980

Mobile/ ಮೊಬೈಲ್
8951320976

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।