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	ASHWATHAMMA

B. Name *(as per Aadhaar)*

ASHWATHAMMA

2. Gender *(select one)* Tick Male ☑ Female Tick Transgender

3. Date of Birth 01 01 1953

4. Aadhaar Number 417414963937

5. Residence Address

Flat/Door/Building	C/O NARASAIAH
Road/Street/Block/Sector	HONNAPPANAHALLI, VARAVAN
Post Office	
Area/Locality/Town/City	CHIKKABALLAPUR
District	CHIKKABALLAPUR

State/Union Territory: KARNATAKA Country/Region: INDIA PIN / ZIP CODE: 561211

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)* ☑ 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 91 Mobile Number 9972478409

(ii) Email ID chakravarthi1307@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 ☑ Income from Other Sources Tick No Income

PART C - Details of Parents

12. Whether mother/father is a single parent? *(select one)* Tick Yes ☑ No

13. Father's First Name

Father's Middle Name

Father's Last Name NARASAIAH

14.	**Mother's First Name**	
	Mother's Middle Name	
	Mother's Last Name	G A N G A M M A

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

PART D - Assessing Officer (AO Code)

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

PART E- Representative Assessee, if applicable

17.	**RA's First Name**	
	RA's Middle Name	
	RA's Last Name	

18. **Permanent Account Number** *(if any)*

19. **Aadhaar Number** (*if Permanent Account Number is not available*)

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 | Mobile Number
(ii) Email ID
(iii) Landline No. with STD Code (*if any*) — STD Code | Landline Number

Part F: Communication Address

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

Part G: Declaration by Applicant or by Representative Assessee on behalf of the Applicant

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**

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

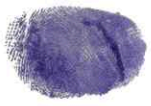
Verification & Declaration

a. I, ASHWATHAMMA……., 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. 08/07/2026



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

Name: ASHWATHAMMA

Designation: AUTHORIZED PERSON

ಭಾರತ ಸರ್ಕಾರ

Government of India

ಅಶ್ವತ್ಥಮ್ಮ

Ashwathamma

ಜನ್ಮ ದಿನಾಂಕ/DOB: 01/01/1953

ಸ್ತ್ರೀ/ FEMALE

Issue Date: 01/09/2015

4174 1496 3937

VID : 9194 5022 7457 3422

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

Unique Identification Authority of India

ಆಧಾರ್

ವಿಳಾಸ:
ಪತಿಯ ಹೆಸರು: ಹೆಚ್ ಎನ್ ನಾಗರಾಜಪ್ಪ, ಹೊನ್ನಪ್ಪನಹಳ್ಳಿ,
ವರವಾಣಿ, ಚಿಕ್ಕಬಳ್ಳಾಪುರ,
ಕರ್ನಾಟಕ - 561211

Address:
W/O: H N Nagarajappa, Honnappanahalli,
Varavani, Chikkaballapur,
Karnataka - 561211

Download Date: 23/08/2023

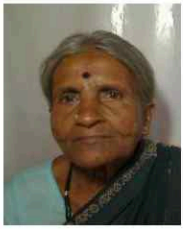
4174 1496 3937

VID : 9194 5022 7457 3422

1947 | help@uidai.gov.in | www.uidai.gov.in

national health authority
सत्यमेव जयते

Ayushman Bharat Health Account (ABHA)
आयुष्मान भारत स्वास्थ्य खाता (आभा)



Name/ ಹೆಸರು
Ashwathamma
ಅಶ್ವತ್ಥಮ್ಮ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ
91-7525-0546-6330

Abha Address/ ಅಭಾ ವಿಳಾಸ
ashwathamma_19.53@abdm

Gender/ ಲಿಂಗ	Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ	Mobile/ ಮೊಬೈಲ್
Female / ಹೆಣ್ಣು	**01-01-1953**	**7411416681**

national health authority
सत्यमेव जयते

Ayushman Bharat Health Account (ABHA)
आयुष्मान भारत स्वास्थ्य खाता (आभा)

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।