



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

S

A

N

N

A

Middle Name

Last Name

H

A

N

A

M

A

N

T

A

B. Name (as per Aadhaar)

S

A

N

N

A

H

A

N

A

M

A

N

T

A

2. Gender (select one)

☒

Male

☐

Female

☐

Transgender

3. Date of Birth

0

6

1

0

1

9

8

9

4. Aadhaar Number

7

4

9

7

9

2

7

6

1

6

7

6

5. Residence Address

Flat/Door/Building

3

5

6

Road/Street/Block/Sector

K

A

D

A

M

G

E

R

A

(

B

)

Post Office

S

H

A

H

A

P

U

R

Area/Locality/Town/City

K

A

D

A

M

G

E

R

A

(

B

)

District

Y

A

D

G

I

R

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

8

5

3

1

9

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

☐

Non Resident

☐

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

8

6

1

2

4

6

3

0

5

(ii) Email ID

grama1raghu@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)☐

Salary

☐

Income from Business/Profession

☐

Income from House Property

☐

Capital Gains

☒

Income from Other Sources

☐

No Income

PART C - Details of Parents

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

☐

Yes

☒

No

13. Father's First Name

Father's Middle Name

Father's Last Name

M

A

H

A

D

E

V

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	4	2	1	(iv) AO No.	5	

[illegible][illegible][illegible][illegible]

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

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

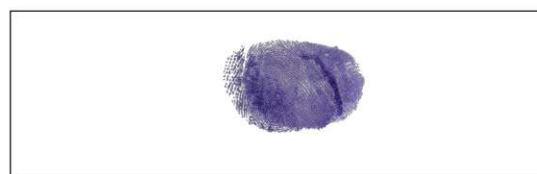
☐ (i) Proof of Identity ☐ (ii) Proof of Address

SANNA HANAMANTA **SELF**
a. I,, in the capacity of(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: YADGIR

Date 14/07/2026



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

Name: Sanna Hanamanta

Designation: AUTHORIZED PERSON



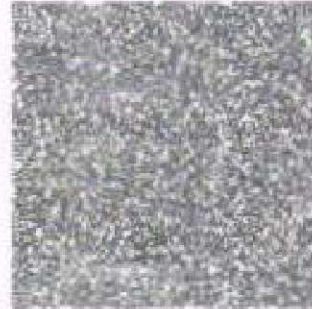
ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ಸೋದರ ಸಂಖ್ಯೆ/ Enrolment No.: 2825/11525/04479

To
ಸಣ್ಣ ಹನಮಂತ
Sanna Hanamanta
S/O: Mahadevappa
356
Kadamgera(B)
shahapur
Kadamgera (B)
Yadgir Karnataka - 585319
8867005490

Signature valid



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

7497 9276 1676

VID : 9151 1330 2198 8398

ನನ್ನ ಆಧಾರ್. ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India

Issue Date: 01/12/2013



ಸಣ್ಣ ಹನಮಂತ
Sanna Hanamanta
ಜನ್ಮ ದಿನಾಂಕ/DOB: 06/10/1989
ಪ್ರಕಾರ/ MALE

7497 9276 1676

VID : 9151 1330 2198 8398

ನನ್ನ ಆಧಾರ್. ನನ್ನ ಗುರುತು



Name/नाम

Sanna Hanamanta

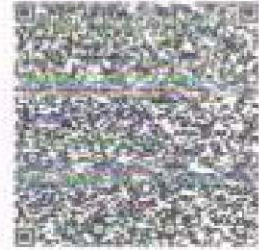
सन्ना हनमन्त

ABHA number/अभा संख्या

91-4700-3416-0254

ABHA address/अभा विಳास

91470034160254@abdm



Gender/लिंग

Male/ललु

Date of birth/कुषुलल दलसलल

06-10-1989

Mobile/डुललडुलल

7483434085

Instructions

Toll- Free Number: 1800114477

- 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 डिजिटल 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 एनबलड 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।