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: MALLAPPA

B. Name *(as per Aadhaar)*

MALLAPPA

2. Gender *(select one)*: [✓] Male [ ] Female [ ] Transgender

3. Date of Birth: 01/01/1963

4. Aadhaar Number: 471966870002

5. Residence Address

Flat/Door/Building: 2-8
Road/Street/Block/Sector: KADARNAGERA (B)
Post Office: KADARNAGERA
Area/Locality/Town/City: KADARNAGERA (B),
District: YADGIR
State/Union Territory: KARNATAKA Country/Region: INDIA PIN / ZIP CODE: 585319

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: 91 — Mobile Number: 9902831822
(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: BHIMARAYA
Father's Middle Name:
Father's Last Name:

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

15. **Name of parent to be printed on Permanent Account Number card** *(select one)* ☑ Father ☐ Tick 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: 4 2 1
(iv) AO No.: 5

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 ☐ Tick Representative Assessee Address ☐ Tick 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**

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

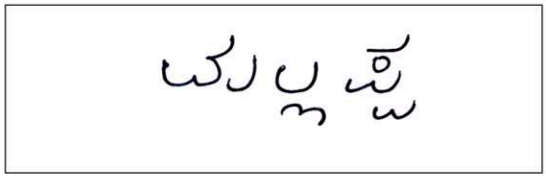
Verification & Declaration

a. I, MALLAPPA, 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. YADGIR

Date. 14/07/2026



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

Name: MALLAPPA

Designation: AUTHORIZED PERSON

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ / Enrollment No.: 0821/91825/02953

To
ಮಲ್ಲಪ್ಪ
Mallappa
D/O Bhimaraya Duganour,
2-B/,
,,
kadarnagera (B),
kadamagera (B),
VTC: Kadamgera (B), PO: Kadamgera,
Sub District: Shahpur, District: Yadgir,
State: Karnataka,
PIN Code: 585319,
Mobile: 9902831822

264138890

KI264138890FE

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

4719 6687 0002

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ಭಾರತ ಸರ್ಕಾರ
Government of India

Aadhaar no. issued: 29/11/2013

ಮಲ್ಲಪ್ಪ
Mallappa
ಜನ್ಮ ದಿನಾಂಕ / DOB: 01/01/1963
ಪುರುಷ / Male

ಆಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯಾಗಿದೆ, ಪೌರತ್ವ ಅಥವಾ ಜನ್ಮ ದಿನಾಂಕದ ಪುರಾವೆ ಅಲ್ಲ. ಇದನ್ನು ಆನ್‌ಲೈನ್ ದೃಢೀಕರಣ ಅಥವಾ QR ಕೋಡ್ / ಆಫ್‌ಲೈನ್ XML ಸ್ಕ್ಯಾನಿಂಗ್‌ಮೂಲಕ 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)

4719 6687 0002

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

national health authority

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

Name/ಹೆಸರು

Mallappa

ಮಲ್ಲಪ್ಪ

ABHA number/ಅಭಾ ಸಂಖ್ಯೆ

91-5560-7527-0547

ABHA address/ಅಭಾ ವಿಳಾಸ

91556075270547@abdm

Gender/ಲಿಂಗ	Date of birth/ಹುಟ್ಟಿದ ದಿನಾಂಕ	Mobile/ಮೊಬೈಲ್
Male/ಗಂಡು	01-01-1963	8861246305

national health authority

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

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 विशिष्ट पहचान प्रदान करता है और आपके सभी डिजिटल स्वास्थ्य रिकॉर्ड्स 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 रिकॉर्ड्स 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।