

**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 J A N A

Middle Name

M A N J U N A T H

Last Name

N A I K A R

B. Name (as per Aadhaar)

S A N J A N A M A N J U N A T H N A I K A R

2. Gender (select one)☐ Tick

Male

☒ Tick

Female

☐ Tick

Transgender

3. Date of Birth

2 5 0 3 2 0 0 8

4. Aadhaar Number

5 9 4 9 3 0 4 4 6 4 9 1

5. Residence Address

Flat/Door/Building

H 1 0 7 / B

Road/Street/Block/Sector

A B B I G E R I

Post Office

A B B I G E R I

Area/Locality/Town/City

R O N

District

G A D A G

State/Union Territory

KARNATAKA

Country/Region

I N D I A

PIN / ZIP CODE

5 8 2 1 1 5

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

9 9 0 2 7 8 4 8 5 1

(ii) Email ID

sanjanamanjunathnaikar@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

M A N J U N A T H

Father's Middle Name

Father's Last Name

N A I K A R

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	1	1	(iv) AO No.	1	1

[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

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

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

SANJANA MANJUNATH NAIKAR

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

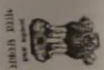
Place.**GADAG**

Date..**16/07/2026**

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

Name: _____**SANJANA MANJUNATH NAIKAR**

Designation: _____**AUTHORIZED PERSON**



सत्यमेव जयते



ಭಾರತ ಸರ್ಕಾರ Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ Unique Identification Authority of India

ಸೇರಾಂಜಿ ಸಂಖ್ಯೆ / Enrollment No.: 0804/58211/00303

To

ಸಂಜನಾ ಮಂಜುನಾಥ ನಾಯ್ಕ

Sanjana Manjunath Nalakar

#107/B,

balliger onl,

abbigerl,

VTQ: Abbigerl, P.O: Abbigerl,

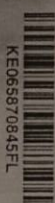
Sub District: Ron, District: Gadag,

State: Karnataka,

PIN Code: 582111,

Mobile: 9902784851

06587084



KE065870845FL



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No.:

5949 3044 6491

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India



ಸಂಜನಾ ಮಂಜುನಾಥ ನಾಯ್ಕ

Sanjana Manjunath Nalakar

ಜನ್ಮ ದಿನಾಂಕ / DOB: 25/03/2008

ಸ್ತ್ರೀ / Female



Aadhaar no. issued: 10/07/2016

ಆಧಾರ್ ಗುರುತಿನ ಪರಿಶೋಧನೆಗೆ, ಪೋಷಣ್ಣ ಅಥವಾ ಅನ್ಯ ದಿನಾಂಕದ
ಪರಿಶೋಧನೆಗೆ ಅಥವಾ ಅನ್ಯ ದಿನಾಂಕದ ಅಧಾರ್ ಅನ್ನು ಬಳಸಬೇಡಿ
ಆಧಾರ್ ನಿಮ್ಮ ನಿರ್ದಿಷ್ಟಗತಿಯನ್ನು ದೃಢೀಕರಿಸುತ್ತದೆ
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 XAU)

5949 3044 6491

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



Name/ ಹೆಸರು

Sanjana Manjunath Naikar

ಸಂಜನಾ ಮಂಜುನಾಥ ನಾಯ್ಕರ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

91-4828-7643-1842

Abha Address/ ಅಭಾ ವಿಳಾಸ

sanjananaikar@abdm



Gender/ ಲಿಂಗ
Female / ಹೆಣ್ಣು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ
25-03-2008

Mobile/ ಮೊಬೈಲ್
9902784851

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।