



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 H R E Y A S

Middle Name

R A J M U D D I N A K O P P A L U

Last Name

H A N U M A N T H A R A J U

## B. Name (as per Aadhaar)

S H R E Y A S

R A J

M H

## 2. Gender (select one)



Male



Female



Transgender

## 3. Date of Birth

0

9

0

5

2

0

0

8

## 4. Aadhaar Number

3

8

5

7

6

2

1

6

4

3

4

7

## 5. Residence Address

Flat/Door/Building

M K O P P A L U

Road/Street/Block/Sector

K A L Y A D I

Post Office

K A L Y A D I

Area/Locality/Town/City

K A L Y A D I

District

H A S S A N

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

7

3

1

2

2

## 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

9

7

4

0

6

7

2

5

6

9

(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

H A N U M A N T H A R A J U

Father's Middle Name

Father's Last Name

M U D D I N A K O P P A L U

|                         |                       |
|-------------------------|-----------------------|
| 14. Mother's First Name |                       |
| Mother's Middle Name    |                       |
| Mother's Last Name      | N A N J U N D 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 | 3 2 1 | (iv) AO No.  | 9 2 |

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

SHREYAS RAJ M H

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. HASSAN

Date. 23/07/2026

Shreyas

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

Name: SHREYAS RAJ M H

Designation: AUTHORIZED PERSON



भारत सरकार  
भारत सरकार



ಭಾರತ ಸರ್ಕಾರ  
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ  
Unique Identification Authority of India

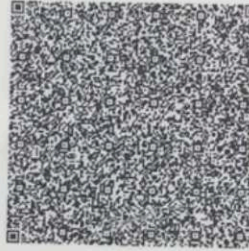
ನೋಂದಣಿ ಸಂಖ್ಯೆ / Enrollment No.: 0804/16340/17717

To  
ಶ್ರೇಯಸ್ ರಾಜ್ ಎಮ್ ಹೆಚ್  
Shreyas Raj M H  
S/O: Hanumantharaju M,  
M Koppalu,  
VTC: Kalyadi, PO: Kalyadi,  
Sub District: Arasikere, District: Hasan,  
State: Karnataka,  
PIN Code: 573122,  
Mobile: 9740672569

65836659



KD658366593FL



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

**3857 6216 4347**

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ  
Government of India



Aadhaar no. issued: 03/11/2013



ಶ್ರೇಯಸ್ ರಾಜ್ ಎಮ್ ಹೆಚ್  
Shreyas Raj M H  
ಜನ್ಮ ದಿನಾಂಕ / DOB: 09/05/2008  
ಪುರುಷ / Male

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

**3857 6216 4347**

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು





**Name/ ಹೆಸರು**

**Shreyas Raj M H**

**ಶ್ರೇಯಸ್ ರಾಜ್ ಎಮ್ ಹೆಚ್**

**Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ**

**91-1362-7734-6773**

**Abha Address/ ಅಭಾ ವಿಳಾಸ**

**shreyash2008092008@abdm**



**Gender/ ಲಿಂಗ**  
**Male / ಗಂಡು**

**Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ**  
**09-05-2008**

**Mobile/ ಮೊಬೈಲ್**  
**9740672569**

**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](http://www.abha.abdm.gov.in), it is digitally acceptable.  
यदि यह कार्ड खो जाता है तो कृपया इसे [www.abha.abdm.gov.in](http://www.abha.abdm.gov.in) से डाउनलोड करें, यह डिजिटल रूप से स्वीकार्य है।