



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

R A V I H A L

Middle Name

Last Name

S A R A S W A T H I

## B. Name (as per Aadhaar)

R S A R A S W A T H I

## 2. Gender (select one)

Tick

Male

Tick

Female

Tick

Transgender

## 3. Date of Birth

3 0 0 7 2 0 0 8

## 4. Aadhaar Number

7 6 0 4 0 4 1 9 7 2 0 7

## 5. Residence Address

Flat/Door/Building

1 S T W A R D , 6 4 H A L E K O T E

Road/Street/Block/Sector

N E A R M A R I S W A M Y T A T A N A M A

Post Office

H A L E K O T A

Area/Locality/Town/City

H A L E K O T E

District

B A L L A R I

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5 8 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)

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

8 8 6 1 0 3 9 9 6 4

(ii) Email ID

MANUFOREVER.HONEY143@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

N A Y A K A R A

Father's Middle Name

Father's Last Name

J A G A N N A T H A

|                         |                     |
|-------------------------|---------------------|
| 14. Mother's First Name |                     |
| Mother's Middle Name    |                     |
| Mother's Last Name      | S H A N T H 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 | C   |
|                                 | (iii) Range Code | 4 2 1 | (iv) AO No.  | 9 1 |

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

R SARASWATHI

a. I, R SARASWATHI, 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. BALLARI

Date. 05/08/2026

R SARASWATHI

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

Name: R SARASWATHI

Designation: AUTHORIZED PERSON



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



Name/ ಹೆಸರು

R Saraswathi

ಆರ್ ಸರಸ್ವತಿ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

91-3362-2418-8134

Abha Address/ ಅಭಾ ವಿಳಾಸ

91336224188134@abdm



Gender/ ಲಿಂಗ  
Female / ಹೆಣ್ಣು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ  
30-07-2008

Mobile/ ಮೊಬೈಲ್  
8861039964



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](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।