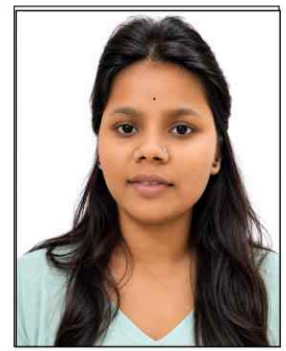


**FORM NO. 93****[See rule 158]****Application for Allotment of Permanent Account Number****[For an Individual being a Citizen of India]****Sr. No.****PART A - Personal Information****1. A. Name**

First Name

D E E P T I

Middle Name

Last Name

K A W R E

B. Name (as per Aadhaar)

D E E P T I

K A W R E

2. Gender (select one)☐ Tick

Male

☒ Tick

Female

☐ Tick

Transgender

3. Date of Birth

0 4

0 9

2 0

0 5

4. Aadhaar Number

4 9

0 6

7 1

5 4

0 4

0 6

5. Residence Address

Flat/Door/Building

C / O

A N I L

K A W R E

Road/Street/Block/Sector

D / O :

A N I L ,

M O U D A ,

M A U D A

Post Office

H A T T A

Area/Locality/Town/City

H A T T A

District

B A G A L K O T

State/Union Territory

MADHYA PRADE

Country/Region

I N D I A

PIN / ZIP CODE

4 8

1 2

2 6

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

3 9

3 7

6 7

2 2

(ii) Email ID

dipteekaware680@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

A N I L

Father's Middle Name

Father's Last Name

K A W R E

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	5	2	1	(iv) AO No.	9	1

[illegible]

18. Permanent Account Number (if any)

[illegible]

20. Representative Assessee Address

[illegible]

21. Contact Details

[illegible]

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

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

DEEPTI KAWRE

DEEPTI KAWRE

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. BAGALKOT

Date..07/08/2026

Diptee Kaur

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

Name: DEEPTI KAWRE

Designation: **AUTHORIZED PERSON**



भारतीय विशिष्ट ओळख प्राधिकरण

Unique Identification Authority of India



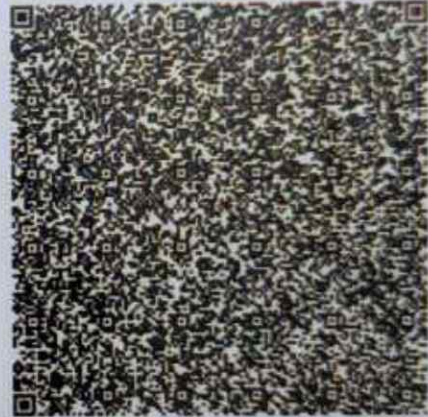
Details as on: 16/07/2026

पत्ता:

आत्मजा: अनिल, मौदा, मौदा, मऊड़ा, हत्ता, बालाघाट,
मध्य प्रदेश - 481226

Address:

D/O: Anil, mouda, mouda, Mauda, PO: Hatta, DIST:
Balaghat,
Madhya Pradesh - 481226



4906 7154 0406

VID : 9108 3539 6508 6175

☎ 1947

| ✉ help@uidai.gov.in

| 🌐 www.uidai.gov.in



भारत सरकार
Government of India



Aadhaar no. issued: 15/09/2015



दीप्ती कावरे

Deepti Kawre

जन्म तारीख/DOB: 04/09/2005

महिला/ FEMALE

आधार हा ओळखीचा पुरावा आहे, नागरिकत्व किंवा जन्मतारखेचा नाही.
हे फक्त पडताळणीसाठी वापरले जावे (ऑनलाइन प्रमाणीकरण किंवा Qr कोडचे
स्कॅनिंग/ ऑफलाइन XML)

**Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication, or scanning of QR code / offline XML).**

4906 7154 0406

माझे **आधार**, माझी ओळख



Name/ नाम

Deepti Kawre

दीप्ती कावरे

Abha Number/ आभा क्रमांक

91-4413-4672-7320

Abha Address/ आभा पत्ता

deepti.kawre@abdm



Gender/ लिंग

Female / स्त्री

Date Of Birth/ जन्मतारीख

04-09-2005

Mobile/ मोबाइल

8839376722

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।