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	MAVINAKAYANAHALLI
Middle Name	KRISHNAPPA
Last Name	RAVIKUMAR

B. Name *(as per Aadhaar)*

M K RAVIKUMAR

2. Gender *(select one)* ☑ Male ☐ Female ☐ Transgender

3. Date of Birth 01/01/1981

4. Aadhaar Number 742296968391

5. Residence Address

Flat/Door/Building	GIRISHA P R
Road/Street/Block/Sector	GRAMA ONE PURA
Post Office	PURA
Area/Locality/Town/City	GAURIBIDNUR
District	CHIKKABALLAPUR
State/Union Territory	KARNATAKA
Country/Region	INDIA
PIN / ZIP CODE	561211

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	9663810805
(ii) Email ID	girish.ranganna@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	GIRISH
Father's Middle Name	
Father's Last Name	KARSHNAPPA

14. **Mother's First Name**	
Mother's Middle Name	
Mother's Last Name	K 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: W
(iii) Range Code: 1 2 8
(iv) AO No.: 9 4

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

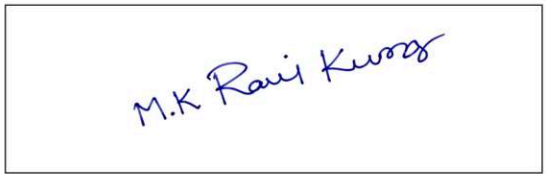
Verification & Declaration

a. I, M K RAVIKUMAR, 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. CHIKKABALLAPUR

Date. 07/08/2026



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

Name: M K RAVIKUMAR

Designation: AUTHORIZED PERSON

सत्यमेव जयते
भारत सरकार

आधार

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ

Unique Identification Authority of India

Government of India

ನೋಂದಾವಣಿ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No.: 0821/83861/24562

To
ಎಮ್ ಕೆ ರವಿಕುಮಾರ್
M K Ravikumar
S/O: Karshnappa
Arasalabande
Pura
Pura
Gauribidnur Chikkaballapur
Karnataka 561211
9663810805

14/06/2016

369670559

MA696705592FT

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

7422 9696 8391

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ಭಾರತ ಸರ್ಕಾರ

Government of India

ಎಮ್ ಕೆ ರವಿಕುಮಾರ್
M K Ravikumar
ಜನ್ಮ ದಿನಾಂಕ / DOB : 01/01/1981
ಪುರುಷ / Male

7422 9696 8391

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

national health authority
सत्यमेव जयते

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

Name/ ಹೆಸರು
M K Ravikumar
ಎಮ್ ಕೆ ರವಿಕುಮಾರ್

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ
91-4108-6051-3218

Abha Address/ ಅಭಾ ವಿಳಾಸ
91410860513218@abdm

Gender/ ಲಿಂಗ	Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ	Mobile/ ಮೊಬೈಲ್
Male / ಗಂಡು	01-01-1981	9663810805

national health authority
सत्यमेव जयते

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, 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।