

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

P A P P A N A L

Middle Name

Last Name

B H I M E S H

B. Name (as per Aadhaar)

P B H I M E S H

2. Gender (select one)



Male



Female



Transgender

3. Date of Birth

0

1

0

1

1

9

8

8

4. Aadhaar Number

9

8

5

3

8

8

9

7

3

4

5

6

5. Residence Address

Flat/Door/Building

C / O N E E L A K A N T H A P P A

Road/Street/Block/Sector

N E A R M A R E M M A T E M P L E , M I T T

Post Office

R A V I H A L

Area/Locality/Town/City

S I R U G U P P A

District

B A L L A R I

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5 8 3 1 1 4

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

9

4

5

8

9

7

1

3

3

(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)



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

Father's Middle Name

Father's Last Name

N E E L A K A N T H A P P A

14. Mother's First Name	
Mother's Middle Name	
Mother's Last Name	G 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	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

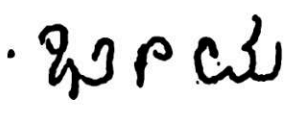
Verification & Declaration

a. I,P.BHIMESH....., in the capacity ofHIMSELF.....(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...19/08/2026



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

Name: P BHIMESH

Designation: AUTHORIZED PERSON



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ

Unique Identification Authority of India
Government of India

ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No.: 1177/82052/36348

To

ಪಿ ಭೀಮೇಶ್

P Bhimesh

S/O: Neelakanthappa

Near Maremma Temple

Mitte Sugur

Ravihal

Siruguppa Bellary

Karnataka 583114

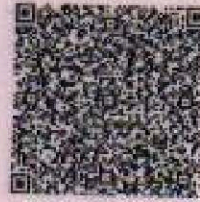
9945897133

18/09/2013

38789887



MN387898874FT



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

9853 8897 3456

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



ಭಾರತ ಸರ್ಕಾರ

Government of India

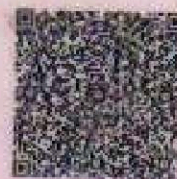


ಪಿ ಭೀಮೇಶ್

P Bhimesh

ಜನ್ಮ ದಿನಾಂಕ / DOB : 01/01/1988

ಪುರುಷ / Male



9853 8897 3456

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ

ನೋಂದಾವಣೆ



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



Name/ ಹೆಸರು

P Bhimesh

ಪಿ ಭೀಮೇಶ್

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

91-6655-0545-8505

Abha Address/ ಅಭಾ ವಿಳಾಸ

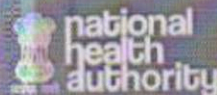
91665505458505@abdm



Gender/ ಲಿಂಗ
Male / ಗಂಡು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ
01-01-1988

Mobile/ ಮೊಬೈಲ್
-



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.
ಇಸ ಆಭಾ ಕೆ ಸಾಥ್ ಆಫ್ ಭಾರತ ಕೆ ಡಿಜಿಟಲ್ ಹೆಲ್ತ್ ಇಕೊಸಿಸ್ಟಮ್ ಕಾ ಹಿಸ್ಟಾ ಬನ್ ಗಢ್ ಹೈ.
- ABHA provides you a unique identification and helps in storing - safekeeping all your digital health records at one place.
ಆಭಾ ಆಫ್ಕೊ ಏಕ್ ವಿಶಿಷ್ಟ ಧಹವಾನ್ ಪ್ರದಾನ್ ಕರ್ತಾ ಹೈ ಔರ್ ಆಫ್ಕೊ ಸಬೊ ಡಿಜಿಟಲ್ ಸ್ವಾಸ್ಥ್ಯ ರಿಕಾರ್ಡ್ ಕೊ ಸುರಕ್ಷಿತ್ ಏಕ್ ಹಿ ಸ್ಥಾನ್ ಪರ್ ಸಂಘ್ರಹಿತ್ ರಕ್ಷಣೆ ಮೆ ಮದದ್ ಕರ್ತಾ ಹೈ.
- 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.
ಆಫ್ ಆಬಿಡಿಎಂ ಧಬೀಕೃತ ಸ್ವಾಸ್ಥ್ಯ ಸೆವಾ ಪ್ರದಾತಾಔ ಕೆ ಸಾಥ್ ಆಫ್ನೆ ಡಿಜಿಟಲ್ ಸ್ವಾಸ್ಥ್ಯ ರಿಕಾರ್ಡ್ ದೆಖ್ನೆ ಔರ್ ಸಾಝಾ ಕರ್ನೆ ಕೆ ಲೀಫ್ ಆಭಾ ಮೊಬೈಲ್ ಆಪ್, ಆರೋಗ್ಯ ಸೆತು ಫಾ ಅನ್ಯ ಆಬಿಡಿಎಂ ಸಕ್ರಮ್ ಆಪ್ ಡೌನ್ಲೋಡ್ ಕರ್ ಸಕ್ತೆ ಹೈ.
- If this card is lost kindly download it from www.abha.abdm.gov.in, it is digitally acceptable.
ಫದಿ ಧಹ ಕಾರ್ಡ್ ಖೊ ಜಾತಾ ಹೈ ತೊ ಕುಪ್ಪಾ ಇಸೆ www.abha.abdm.gov.in ಸೆ ಡೌನ್ಲೋಡ್ ಕರೇ, ಧಹ ಡಿಜಿಟಲ್ ಸ್ಥಾಪ್ ಸೆ ಸ್ವೀಕಾರ್ಯ ಹೈ.