



T 90 4 329

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

Middle Name

Last Name

B I B I

B. Name (as per Aadhaar)

B I B I

2. Gender (select one)☐ Tick

Male

☒ Tick

Female

☐ Tick

Transgender

3. Date of Birth

0

1

0

4

1

9

6

4

4. Aadhaar Number

4

4

1

4

2

7

1

7

5

8

9

8

5. Residence Address

Flat/Door/Building

1

3

8

2

Road/Street/Block/Sector

W

A

R

D

2

,

P

E

E

R

L

A

G

U

D

Post Office

S

A

N

G

A

N

A

K

A

L

L

U

Area/Locality/Town/City

S

A

N

G

A

N

A

K

A

L

I

District

B

A

L

L

A

R

I

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

8

3

1

0

3

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

1

2

3

3

3

0

9

4

2

(ii) Email ID

gramaonesanganakallu01@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

D

A

W

O

O

D

Father's Middle Name

Father's Last Name

S

A

B

14. Mother's First Name	K	H	A	T	H	I	J	A												
Mother's Middle Name																				
Mother's Last Name	B	E	E																	

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

BIBI

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. BALLARI

Date. 20/08/2026

Taw faw

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

Name: BIBI

Designation: AUTHORIZED PERSON



ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ Enrolment No.: 2086/12040/74946

Download Date: 18/10/2021

To
ಶೀರಿ
Bibi
D/O: H Mallashappa
1382
ward 2
peerla gudi
Sanganakal
Sanganakal
Baliari Kamataka - 583103
8123330942

Issue Date: 08/10/2021

Signature valid



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

4414 2717 5898

VID : 9135 6867 8338 2231

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India

Download Date: 18/10/2021



ಶೀರಿ
Bibi
ಹುಟ್ಟು ದಿನಾಂಕ/DOB: 01/04/1964
FEMALE

Issue Date: 08/10/2021

4414 2717 5898

VID : 9135 6867 8338 2231

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಮಾಹಿತಿ

- ಆಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯೇ ಹೊರತು ಪೌರತ್ವದಲ್ಲ
- ಸುರಕ್ಷಿತ ಕ್ಷುಣ್ಣ ಕೋಡ್/ಆಫ್ಲೈನ್ XML/ಆನ್ಲೈನ್ ದೃಢೀಕರಣ ಲಭಿಸಿ ಗುರುತನ್ನು ಪರಿಶೀಲಿಸಿ
- ಎಲೆಕ್ಟ್ರಾನಿಕ್ ಪ್ರಕ್ರಿಯೆ ಮೂಲಕ ಮುದ್ರಿತವಾದ ವಿದ್ಯುನ್ಮಾನ ದಾಖಲೆ ಇದಾಗಿದೆ

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- Verify identity using Secure QR Code/ Offline XML/ Online Authentication.
- This is electronically generated letter.

- ಆಧಾರ್ ದೇಶದಾದ್ಯಂತ ಮಾನ್ಯತೆಯನ್ನು ಪಡೆದಿದೆ
- ಸುಲಭವಾಗಿ ಸರ್ಕಾರಿ ಜಾಗತಿಕ ಸರ್ವಿಕಾರದ ಸೇವೆಗಳನ್ನು ಪಡೆದುಕೊಳ್ಳಲು ಆಧಾರ್ ಸಹಾಯವಾಗಿದೆ
- ನಿಮ್ಮ ಮೊಬೈಲ್ ಸಂಖ್ಯೆ ಮತ್ತು ಇ-ಮೇಲ್ ಐಡಿ ಅನ್ನು ಆಧಾರ್ ನಲ್ಲಿ ಸಂಪರ್ಕಿಸಿ
- ಆಧಾರ್ ನ್ನು ನಿಮ್ಮ ಸ್ಮಾರ್ಟ್ ಫೋನ್ ನಲ್ಲಿ ಕೊಂಡೊಯ್ಯಿರಿ - mAadhaar ಆಪ್ಲಿಕೇಷನ್ ಲಭಿಸಿ

- Aadhaar is valid throughout the country.
- Aadhaar helps you avail various Government and non-Government services easily.
- Keep your mobile number & email ID updated in Aadhaar.
- Carry Aadhaar in your smart phone – use mAadhaar App.



ಭಾರತೀಯ ಏಕೀಕೃತ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India



ವಿಳಾಸ:
ಕಂದೆ / ಸಾಣುಯ ಹೆಬ್ಬು: ಎಚ್ ಮಲ್ಲೇಶಪ್ಪ, 1382,
ವಾರ್ಡ್ 2, ಪೀರ್ಲಾ ಗುಡಿ, ಸಂಗನಕಲ್, ಬೆಳ್ಳಾರ್,
ಕರ್ನಾಟಕ - 583103

Address:
D/O: H Malleshappa, 1382, ward 2, peerla
gudi, Sanganakal, Bellari,
Karnataka - 583103



4414 2717 5898

VID : 6135 6867 8338 2231



1947



help@uidai.gov.in



www.uidai.gov.in



Name/ कसरा

Bibi

दीदी

Abha Number/ अभा संख्या

91-3656-5057-0788

Abha Address/ अभा विज्ञापन

91365650570788@abdm



Gender/ लिंग

Female / कन्या

Date Of Birth/ कुटुम्ब दिनांक

01-04-1964

Mobile/ मोबाइल

8123330942

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।