



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

U M A D E V I

B. Name (as per Aadhaar)

U M A D E V I

2. Gender (select one)

☐ Tick

Male

☒ Tick

Female

☐ Tick

Transgender

3. Date of Birth

0 1

0 1

2 0 0 1

4. Aadhaar Number

7 0 2 7 7 6 5 9 8 8 4 4

5. Residence Address

Flat/Door/Building

0 0

Road/Street/Block/Sector

E S H W A R A T E M P L E H A T T I R A

Post Office

B A S A R A H A L L I

Area/Locality/Town/City

B A S A R A H A L L I , B E E R A H A L L I ,

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)

☒ 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

9 5 3 5 3 9 9 3 6 3

(ii) Email ID

k1ranganathn@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

Father's Middle Name

Father's Last Name

M A L L E S H A

14. Mother's First Name	
Mother's Middle Name	
Mother's Last Name	E R 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

UMADEV I

a. I, 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. 21/08/2026

UMADEV I

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

Name: UMADEV I

Designation: AUTHORIZED PERSON



ಭಾರತ ಸರ್ಕಾರ

Unique Identification Authority of India
Government of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ Enrolment No.: 0804/60371/01169

To
ಉಮಾದೇವಿ
Umadevi
W/O Gadilinga
eshwara temple hattira
basarahalli vill
beerahalli
Basarahalli
Basarahalli
Ballari Karnataka - 583114
9535399363

Download Date: 25/07/2018
Generation Date: 19/07/2018

Signature Not Verified
Digitally signed by
UNIQUE IDENTIFICATION
AUTHORITY OF INDIA
Date: 2018.07.26 10:01:30
IST

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

7027 7659 8844

VID : 9190 0135 0941 0688

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India



ಉಮಾದೇವಿ
Umadevi
ಜನ್ಮ ದಿನಾಂಕ/DOB: 01/01/2001
FEMALE

7027 7659 8844

VID : 9190 0135 0941 0688

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



Government of India



ಮಾಹಿತಿ

- ಆಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯೇ ಹೊರತು ಪೌರತ್ವದಲ್ಲ.
- ನಿಮ್ಮ ಗುರುತನ್ನು ಸಾಬೀತುಪಡಿಸಲು ಆನ್ ಲೈನ್ ಮೂಲಕ ದೃಢೀಕರಿಸಿ
- ಎಲ್ಲೆಡೆಗೂ ಪ್ರಕ್ರಿಯೆ ಮೂಲಕ ಮುದ್ರಿತವಾದ ವಿದ್ಯುನ್ಮಾನ ದಾಖಲೆ ಇದಾಗಿದೆ

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- To establish identity, authenticate online.
- This is electronically generated letter.

- ಆಧಾರ್ ದೇಶದಾದ್ಯಂತ ಮಾನ್ಯತೆಯನ್ನು ಪಡೆದಿದೆ.

ಛವಿಪಡ್ತಿ, ಸರ್ಕಾರಿ ಹಾಗೂ ಸರ್ಕಾರೇತರ ಸೇವೆಗಳನ್ನು ಪಡೆಯಲು ಆಧಾರ್ ನಿಮಗೆ ಸಹಾಯಕವಾಗಲಿದೆ.

- Aadhaar is valid throughout the country.

ಇದು ಭವಿಷ್ಯದಲ್ಲಿ ಸರ್ಕಾರದ ಸೇವೆಗಳನ್ನು ಪಡೆಯಲು ಸಹಾಯಕವಾಗಲಿದೆ.



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ವಿಳಾಸ:
W/O ಗಾದಿಲಿಂಗ, ಈಶ್ವರ ಗುಡಿ ಹತ್ತಿರ, ಬಸರಾಹಳ್ಳಿ ಹತ್ತಿರ,
ಬಸರಾಹಳ್ಳಿ ಅಂಚೆ, ಬಸರಾಹಳ್ಳಿ ಬಳ್ಳಾರಿ,
ಕರ್ನಾಟಕ - 583114

Address:
W/O Gadilinga, eshwara temple hattira,
basarahalli vill, beerahalli, Basarahalli,
Ballari,
Karnataka - 583114



7027 7659 8844

VID : 9190 0135 0941 0688



Free of cost

www.uidai.gov.in



Name/ ಹೆಸರು

Umadevi

ಉಮಾದೇವಿ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

91-6218-6221-4338

Abha Address/ ಅಭಾ ವಿಳಾಸ

umadevi20011@abdm



Gender/ ಲಿಂಗ
Female / ಹೆಣ್ಣು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ
01-01-2001

Mobile/ ಮೊಬೈಲ್
9535399363

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।