



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 B I T R A

Middle Name

Last Name

R E G M I

B. Name (as per Aadhaar)

P A B I T R A R E G M I

2. Gender (select one)☐

Male

☒

Female

☐

Transgender

3. Date of Birth

0

2

0

4

2

0

0

2

4. Aadhaar Number

6

9

0

5

1

6

3

6

7

4

7

1

5. Residence Address

Flat/Door/Building

N O 3 3 1 / 1

Road/Street/Block/Sector

B A L A G E R E M A I N R D , V A R T H U

Post Office

V A R T H U R

Area/Locality/Town/City

S H O B A G A T E 3

District

B E N G A L U R U U R B A N

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5 6 0 0 8 7

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

8

6

1

8

9

6

7

3

1

6

(ii) Email ID

ff3495014@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

K A S H A R

Father's Middle Name

Father's Last Name

R E G M I

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	3	2	1	(iv) AO No.	9	2

[illegible]

18. Permanent Account Number (*if any*)

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[illegible]

20. Representative Assessee Address

[illegible]

21. Contact Details

(i) Mobile Number	Country Code				Mobile Number											
(ii) Email ID																
(iii) Landline No. with STD Code (<i>if any</i>)	STD Code						Landline Number									

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

☐ (i) Proof of Identity ☐ (ii) Proof of Address

PABITRA REGMI

a. I, PABITRA REGMI, 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. BENGALURU URBAN

Date..22/08/2026

Proof

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

Name: PABITRA REGMI

Designation: **AUTHORIZED PERSON**



ಭಾರತ ಸರ್ಕಾರ
Government of India



ಪದ್ಮಿತ್ರ ರೆಗ್ಮಿ
Pabitra Regmi
ಜನ ದಿನಾಂಕ/DOB: 02/04/2002
ಪ್ರ FEMALE

Issue Date: 29/06/2021

Download Date: 13/10/2021

6905 1636 7471

VID : 9101 7812 7957 7929

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सत्यमेव जयते

ಭಾರತ ಸರ್ಕಾರ/भारत सरकार

Unique Identification Authority of India

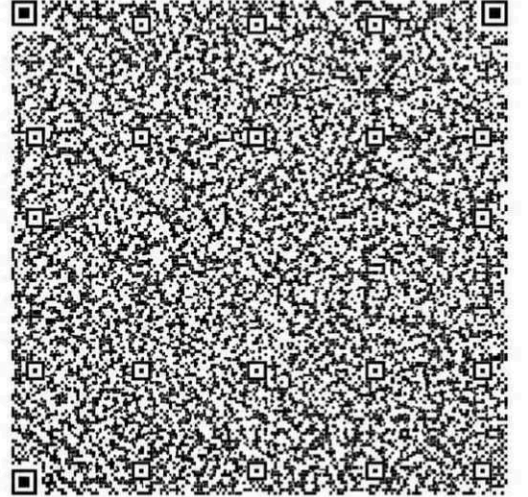


ವಿಳಾಸ:

ಸಾಕು ರಘುಗೈ ಸಂ: 331/1, 1ನೇ ಮುಖ್ಯ ರಸ್ತೆ;
ರೈಲು ಗೇಟ್ ಹತ್ತಿರ, ಶಾಂಪುರ,
ಬೆಂಗಳೂರು ಉತ್ತರ, ಬೆಂಗಳೂರು,
ಕರ್ನಾಟಕ - 560045

Address:

C/O: Saku Regmi, No 331/1, 1st Main Road;
Near Railway Gate, Shampura, Bangalore
North, Bengaluru,
Karnataka - 560045



6905 1636 7471

VID : 9101 7812 7957 7929



1947



help@uidai.gov.in



www.uidai.gov.in



Name/ ಹೆಸರು

Pabitra Regmi

ಪಬಿಟ್ರ ರೆಗ್ಮಿ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

91-4572-7472-6688

Abha Address/ ಅಭಾ ವಿಳಾಸ

pabitra.regmi@abdm



Gender/ ಲಿಂಗ
Female / ಹೆಣ್ಣು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ
02-04-2002

Mobile/ ಮೊಬೈಲ್
8431091572

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।