



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

B O M M E G O W D A

Middle Name

S O O N A G A H A L L I

Last Name

D E V A R A J U

B. Name (as per Aadhaar)

B S D E V A R A J U

2. Gender (select one)



Male



Female



Transgender

3. Date of Birth

2

2

0

6

1

9

6

4

4. Aadhaar Number

7

9

2

6

3

0

0

9

1

5

7

4

5. Residence Address

Flat/Door/Building

S / O B O M M E G O W D A

Road/Street/Block/Sector

S O O N A G A N A H A L L I

Post Office

S U N A G A H A L L I P O S T

Area/Locality/Town/City

M A N D Y A

District

M A N D Y A

State/Union Territory

KARNATAKA

Country/Region

I N D I A

PIN / ZIP CODE

5

7

1

4

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)



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

1

4

1

6

8

4

6

2

2

(ii) Email ID

mybhavyab@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

B O M M E G O W D A

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
(iii) Range Code	3	2	1

(ii) AO Type	W	
(iv) AO No.	9	3

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

[illegible]

22. Address for Communication (select one) ☒ Residence Address ☐ Representative Assessee Address ☐ Office Address

☒ (i) Proof of Identity ☒ (ii) Proof of Address ☒ (iii) Proof of Date of Birth

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

B S DEVARAJU **SELF**
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.MANDYA

Date..22/08/2026

20.25. Dr. C

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

Name: B S DEVARAJU

Designation: **AUTHORIZED PERSON**



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತಿಸಿಕೊಳ್ಳುವ ಅಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ

Unique Identification Authority of India
Government of India

ನೋಂದಾಯಣಾ ಸಂಖ್ಯೆ / Enrolment No.: 1074/16041/00682

To
ಬಿ ಎಸ್ ದೇವರಾಜು
B S Devaraju
S/O Bommegowda
Soonaganahalli Mandya
Soonaganahalli Mandya
Karnataka 571403
9141684622

7381149



UG073811490IN



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

7926 3009 1574

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



ಭಾರತ ಸರ್ಕಾರ

GOVERNMENT OF INDIA



ಬಿ ಎಸ್ ದೇವರಾಜು
B S Devaraju
ಹುಟ್ಟಿದ ವರ್ಷ / Year of Birth : 1964
ಪುರುಷ / Male



7926 3009 1574

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



chrome-nati...



**national
health
authority**

Ayushman Bharat Health Account (ABHA)

आयुष्मान भारत स्वास्थ्य खाता (आभा)



Name/ ಹೆಸರು

B S Devaraju

ಬಿ ಎಸ್ ದೇವರಾಜು

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

91-2557-2142-7557

Abha Address/ ಅಭಾ ವಿಳಾಸ

91255721427557@abdm



Gender/ ಲಿಂಗ

Male / ಗಂಡು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ

22-06-1964

Mobile/ ಮೊಬೈಲ್

9141684622



**national
health
authority**

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 ಆಪ್ ಭಾರತ ಕೆ ಡಿಜಿಟಲ್ ಹೆಲ್ತ್ ಇಕೋಸಿಸ್ಟಂ ಕಾ ಹಿಸ್ಸಾ ಬನ್ ಗ್ಏ ಹೈ.
- ABHA provides you a unique identification and helps in storing - safekeeping all your digital health records at one place.
ಆಭಾ ಆಪಕೊ ಏಕ್ ವಿಶಿಷ್ಟ ಪಹಚಾನ ಪ್ರದಾನ ಕರ್ತಾ ಹೈ ಔರ್ ಆಪಕೊ ಸಭಿ ಡಿಜಿಟಲ್ ಸ್ವಾಸ್ಥ್ಯ ರಿಕಾರ್ಡ್ ಕೊ ಸುರಕ್ಷಿತ ಏಕ್ ಫಿ ಸ್ಥಾನ ಪರ ಸಂಗ್ರಹಿತ ರಖನೆ ಮೆ ಮದದ 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.
ಆಪ್ ಏಬಿಡಿಏಂ ಪಂಜಿಕ್ತ ಸ್ವಾಸ್ಥ್ಯ ಸೇವಾ ಪ್ರದಾತಾಂ ಕೊ ಸಾಥ್ ಅಪನೆ ಡಿಜಿಟಲ್ ಸ್ವಾಸ್ಥ್ಯ ರಿಕಾರ್ಡ್ ಡೆಖನೆ ಔರ್ ಸಾಝಾ ಕರ್ನೆ ಕೊ ತೀಏ ಆಭಾ ಮೊಬೈಲ್ ಏಪ್, ಆರೋಗ್ಯ ಸೆತು ಯಾ ಅನ್ಯ ಏಬಿಡಿಏಂ ಸಕ್ಸಮ ಏಪ್ ಡಾउनलोड 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।

