

**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

R E K H A

Middle Name

H A N A M A P P A

Last Name

E M M I

B. Name (as per Aadhaar)

R E K H A

H A N A M A P P A

E M M I

2. Gender (select one)☐ Tick

Male

☒ Tick

Female

☐ Tick

Transgender

3. Date of Birth

0 1

0 1

1 9 8 5

4. Aadhaar Number

9 5 4 8 8 6 2 4 4 2 8 5

5. Residence Address

Flat/Door/Building

H A R L A P U R

Road/Street/Block/Sector

H A R A L A P U R

Post Office

H A R A L A P U R

Area/Locality/Town/City

H A R A L A P U R

District

G A D A G

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5 8 2 1 1 5

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 7 4 3 5 9 0 2 4 5

(ii) Email ID

DARSHANYAMMI130@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

B A L A P P A

Father's Middle Name

Father's Last Name

K E N D U R

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	4	1	1	(iv) AO No.	1	1

[illegible]

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				

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

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ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ಏಕೀಕೃತ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ Enrolment No.: 0129/01155/76652

To
ರೇಖಾ ಹನುಮಪ್ಪ ಎಮ್ಮಿ
Rekha Hanumanappa Emmi
VTC: Harlapur,
PO: Harlapur,
District: Gadag,
State: Karnataka,
PIN Code: 562115,
Mobile: 9743590245



Signature valid
ಸಹಿ ಸರಿಯಾಗಿದೆ

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

9548 8624 4285
VID : 9133 3387 8024 9084

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India

Aadhaar No. : 9548 8624 4285



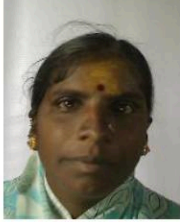
ರೇಖಾ ಹನುಮಪ್ಪ ಎಮ್ಮಿ
Rekha Hanumanappa Emmi
ಜನ್ಮ ದಿನಾಂಕ/DOB: 01/01/1985
FEMALE

ಆಧಾರ್ ಗುರುತಿನಾಂಕವು ಭಾರತೀಯ ನಾಗರಿಕತ್ವದ ದೃಢೀಕರಣವಾಗಿದೆ. ಇದು ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ ಮತ್ತು ಜನ್ಮದಿನಾಂಕದ ಆಧಾರದ ಮೇಲೆ ಸಿದ್ಧಪಡಿಸಲಾಗಿದೆ. ಆಧಾರ್ ನಿಮ್ಮ ದೃಢೀಕರಣವನ್ನು ಖಚಿತಪಡಿಸುತ್ತದೆ. ಆಧಾರ್ ನಿಮ್ಮ ದೃಢೀಕರಣವನ್ನು ಖಚಿತಪಡಿಸುತ್ತದೆ. ಆಧಾರ್ ನಿಮ್ಮ ದೃಢೀಕರಣವನ್ನು ಖಚಿತಪಡಿಸುತ್ತದೆ.

Aadhaar is proof of identity, not of citizenship or date of birth. It should be used only with verification (online authentication or scanning of QR code / offline XML.)

9548 8624 4285

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



Name/ ಹೆಸರು

Rekha Hanamappa Emmi

ರೇಖಾ ಹನಮಪ್ಪ ಎಮ್ಮಿ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

91-6070-5330-0077

Abha Address/ ಅಭಾ ವಿಳಾಸ

91607053300077@abdm



Gender/ ಲಿಂಗ
Female / ಹೆಣ್ಣು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ
01-01-1985

Mobile/ ಮೊಬೈಲ್
9743590245

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।