



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

L A K S H M A M M A

B. Name (as per Aadhaar)

L A K S H M A M M A

2. Gender (select one)

☐ Tick

Male

☒ Tick

Female

☐ Tick

Transgender

3. Date of Birth

1

8

1

0

1

9

6

5

4. Aadhaar Number

4

3

9

1

4

8

9

4

2

0

8

9

5. Residence Address

Flat/Door/Building

G

I

R

I

S

H

A

P

R

Road/Street/Block/Sector

G

R

A

M

A

O

N

E

P

U

R

A

Post Office

P

U

R

A

Area/Locality/Town/City

G

O

W

R

I

B

I

D

A

N

U

R

District

K

O

D

A

G

U

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

6

1

2

1

1

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

9

6

4

0

3

2

3

0

3

(ii) Email ID

GIRISH.RANGANNA@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

D

O

D

D

A

P

P

A

I

A

H

14. Mother's First Name	
Mother's Middle Name	
Mother's Last Name	N A R A S 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	W
(iii) Range Code	3 2 1	(iv) AO No.	9 2

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

LAKSHMAMMA

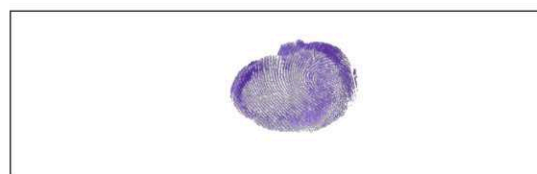
SELF

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. KODAGU

Date. 24/08/2026



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

Name: LAKSHMAMMA

Designation: AUTHORIZED PERSON



ଆମର ସ୍ୱପ୍ନ

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 0821/83856/02308

To

Signature valid



ನಿರ್ದೇಶನ: ಬಿ.ಎ. ಸಾಹು



ಭಾರತ ಸರ್ಕಾರ
ವರ್ಣಮಾಲಾ



ಲಾಕ್ಷ್ಮಮ್ಮ
Lakshmmma
ಬದ ಬಾಬು/DO
L/FEMALE

4391 4894 2089



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STUDY 3 / INFORMATION

- [illegible]



ವಿಷಯ
 ಕೊಡವಗಾಂವಿನಲ್ಲಿ, ರೀತಿಯಲ್ಲಿ ಅಂಚೆ, ಕೊಡವಗಾಂವಿನಲ್ಲಿ
 ಬಿಟ್ಟುಕೊಡುವುದು
 ಕೊಡವಗಾಂವಿನಲ್ಲಿ - 561211

Address:
KODIGANAHALLI, BISALAHALLI POST,
Kodiganahalli, Chikkaballapur,
Karnataka - 561211



ಭಾರತೀಯ ಏಕೀಕೃತ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India



4391 4894 2089
VIP : 9191 6557 9721 2998



Name/ ಹೆಸರು

Lakshmamma

ಲಕ್ಷ್ಮಮ್ಮ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

91-5704-8225-2345

Abha Address/ ಅಭಾ ವಿಳಾಸ

91570482252345@abdm



Gender/ ಲಿಂಗ

Female / ಹೆಣ್ಣು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ

18-10-1965

Mobile/ ಮೊಬೈಲ್

9964032303

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।