

**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

S A R V E S H R I

Middle Name

Last Name

S H E T T Y

B. Name (as per Aadhaar)

S A R V E S H R I S H E T T Y

2. Gender (select one)☐ Tick

Male

☒ Tick

Female

☐ Tick

Transgender

3. Date of Birth

0 1

0 1

1 9 4 6

4. Aadhaar Number

4 2 7 3 5 1 5 2 1 8 3 9

5. Residence Address

Flat/Door/Building

2 - 1 4 8

Road/Street/Block/Sector

G U L I B A Y L U

Post Office

M A D A M A K K I P O S T

Area/Locality/Town/City

M A D A M M A K K I

District

U D U P I

State/Union Territory

KARNATAKA

Country/Region

I N D I A

PIN / ZIP CODE

5 7 6 2 1 2

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 0 0 8 2 1 0 3 3 7

(ii) Email ID

lathahegde106@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

K A L A P P A

Father's Middle Name

Father's Last Name

S H E T T Y

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	5	3	1	(iv) AO No.	9	2

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

SARVESHRI SHETTY **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 UDUPI

Date..03/09/2026



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

Name: SARVESHRI SHETTY

Designation: **AUTHORIZED PERSON**



भारत सरकार
ಭಾರತ ಸರ್ಕಾರ



ಭಾರತ ಸರ್ಕಾರ
Government of India

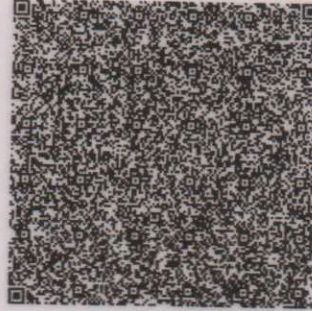
ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 2978/29175/30844

To
ಸರ್ವೇಶ್ವರಿ ಶೆಟ್ಟಿ
SARVESHRI SHETTY
2-148
GULI BAYLU
MADAMAKKI POST
KUNDAPURA-TALUKU
Madammakki
Udupi Karnataka - 576212
9008210337

Signature valid

Digitally signed by
UNIQUE IDENTIFICATION
AUTHORITY OF INDIA 05
Date: 2022.02.22 09:46:46
UTC



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

4273 5152 1839

VID : 9153 9301 5486 3457

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India



ಸರ್ವೇಶ್ವರಿ ಶೆಟ್ಟಿ
SARVESHRI SHETTY
ಜನ್ಮ ದಿನಾಂಕ/DOB: 01/01/1946
ಸ್ತ್ರೀ/FEMALE

Issue Date: 17/11/2012

4273 5152 1839

VID : 9153 9301 5486 3457

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



Name/ ಹೆಸರು

SARVESHRI SHETTY

ಸರ್ವೇಶ್ರೀ ಶೆಟ್ಟಿ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

91-6100-7240-3708

Abha Address/ ಅಭಾ ವಿಳಾಸ

91610072403708@abdm



Gender/ ಲಿಂಗ

Female / ಹೆಣ್ಣು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ

01-01-1946

Mobile/ ಮೊಬೈಲ್

9008210337

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।