



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

A F R E E N A

B. Name (as per Aadhaar)

A F R E E N A

2. Gender (select one)

☐

Male

☒

Female

☐

Transgender

3. Date of Birth

2

9

0

7

2

0

0

8

4. Aadhaar Number

2

8

2

0

2

9

9

8

8

3

4

9

5. Residence Address

Flat/Door/Building

H

N

O

3

/

8

2

Road/Street/Block/Sector

S

O

N

N

D

A

C

O

L

O

N

Y

Post Office

K

E

M

B

H

A

V

I

Area/Locality/Town/City

K

E

M

B

H

A

V

I

District

Y

A

D

G

I

R

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

8

5

2

1

6

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

0

0

8

9

0

9

5

9

3

(ii) Email ID

subhan0204s@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

A

Y

U

B

Father's Middle Name

Father's Last Name

B

H

A

G

A

V

A

N

A

14. Mother's First Name	
Mother's Middle Name	
Mother's Last Name	B A N U B I

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	4 2 1	(iv) AO No.	5

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

AFREENA

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..YADGIR

Date...09/09/2026

AFREENA

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

Name: AFREENA

Designation: AUTHORIZED PERSON



भारत सरकार
Bharat Sarkar



ಭಾರತ ಸರ್ಕಾರ
Government of India

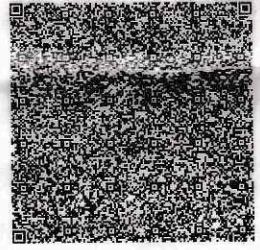
ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 0821/90252/58560

To
ಅಫ್ರೀನಾ
Afreena
D/O Ayub Bhagavana
h no 3/82
sonnda calony
Kembhavi
yadgir Karnataka - 585216
9008909593

Signature valid

Digitally signed by Afreena
UNIQUE IDENTIFICATION
AUTHORITY OF INDIA, 05
Date: 2023.09.12 14:11
UTC



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

2820 2998 8349

VID : 9178 4326 2845 3728

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India



Issue Date: 20/03/2012

ಅಫ್ರೀನಾ
Afreena
ಜನನ ದಿನಾಂಕ/DOB: 29/07/2008
ಸ್ತ್ರೀ/FEMALE

2820 2998 8349

VID : 9178 4326 2845 3728

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



**national
health
authority**

Ayushman Bharat Health Account (ABHA)

आयुष्मान भारत स्वास्थ्य खाता (आभा)



Name/ ಹೆಸರು

Afreena

ಅಫ್ರೀನಾ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

91-7586-0082-0669

Abha Address/ ಅಭಾ ವಿಳಾಸ

91758600820669@abdm



Gender/ ಲಿಂಗ
Female / ಹೆಣ್ಣು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ
29-07-2008

Mobile/ ಮೊಬೈಲ್
6363868588



**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.
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।