

J. Mallikarjun.

## 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

M A L L I K A R J U N A

Middle Name

Last Name

J O R K A L

## B. Name (as per Aadhaar)

M A L L I K A R J U N A J

## 2. Gender (select one)



Male



Female



Transgender

## 3. Date of Birth

1

3

0

1

2

0

0

6

## 4. Aadhaar Number

2

3

5

5

9

4

8

0

0

9

3

9

## 5. Residence Address

Flat/Door/Building

C / O Y U V A R A J A G O U D A

Road/Street/Block/Sector

B A S A V E S H W A R A C O L O N Y

Post Office

V A T T U M U R A V A N I

Area/Locality/Town/City

V A T T U M U R A V A N I

District

B A L L A R I

State/Union Territory

KARNATAKA

Country/Region

I N D I A

PIN / ZIP CODE

5

8

3

1

1

4

## 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

9

4

5

8

3

0

1

2

9

(ii) Email ID

Adigowda03@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

Y U V A R A J A G O U 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 | 4 | 2 | 1 |

|              |   |   |
|--------------|---|---|
| (ii) AO Type | C |   |
| (iv) AO No.  | 9 | 1 |

| 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

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

a. I, MALLIKARJUNA J, in the capacity of SELF (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: BALLARI

Date..08/09/2026

T. Mallikarjun.

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

Name: MALLIKARJUNA J

Designation: **AUTHORIZED PERSON**





Name/ ಹೆಸರು  
**Mallikarjuna J**  
ಮಲ್ಲಿಕಾರ್ಜುನ ಜೆ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ  
**91-1516-8338-2742**

Abha Address/ ಅಭಾ ವಿಳಾಸ  
**91151683382742@abdm**



Gender/ ಲಿಂಗ  
**Male / ಗಂಡು**

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ  
**13-01-2006**

Mobile/ ಮೊಬೈಲ್  
**9945830129**

**Instructions**

**Toll-Free Number: 1800 114 477**

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इस आभा के साथ आप भारत के डिजिटल हेल्थ इकोसिस्टम का हिस्सा बन गए हैं।
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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।
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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](http://www.abha.abdm.gov.in), it is digitally acceptable.  
यदि यह कार्ड खो जाता है तो कृपया इसे [www.abha.abdm.gov.in](http://www.abha.abdm.gov.in) से डाउनलोड करें, यह डिजिटल रूप से स्वीकार्य है।