



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

P E D D A

Middle Name

Last Name

M A R E P P A

B. Name (as per Aadhaar)

P E D D A M A R E P P A

2. Gender (select one)



Male



Female



Transgender

3. Date of Birth

1

0

0

6

2

0

0

5

4. Aadhaar Number

4

2

0

9

1

2

3

2

0

8

1

2

5. Residence Address

Flat/Door/Building

5

W

A

R

D

Road/Street/Block/Sector

S

I

D

D

A

P

P

A

N

A

G

A

R

Post Office

Area/Locality/Town/City

H

A

L

E

K

O

T

A

,

S

I

R

U

G

U

P

P

A

District

B

A

L

L

A

R

I

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

8

3

1

2

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)



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

3

8

0

9

0

1

9

9

5

(ii) Email ID

manforever.honey143@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

S

A

R

A

Y

I

Father's Middle Name

Father's Last Name

J

A

M

B

A

N

N

A

|                         |                   |
|-------------------------|-------------------|
| 14. Mother's First Name |                   |
| Mother's Middle Name    |                   |
| Mother's Last Name      | A N J I N 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 | C   |
| (iii) Range Code | 4 2 1 | (iv) AO No.  | 9 1 |

#### 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

PEDDA MAREPPA

a. I, PEDDA MAREPPA, 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. 17/09/2026



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

Name: PEDDA MAREPPA

Designation: AUTHORIZED PERSON



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಅಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ

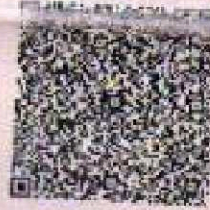
Unique Identification Authority of India  
Government of India

ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No.: 1358/49009/06137

To  
ಪೆದ್ದ ಮಾರೆಪ್ಪ  
Pedda Mareppa  
S/O: Sarayi Jambanna  
5 ward  
siddappa nagar halekota  
Halekote  
Halekote  
Siruguppa Ballari  
Karnataka 583122  
9495102754

06/11/2015  
300082891

MA000828914FT



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

4209 1232 0812

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



ಭಾರತ ಸರ್ಕಾರ

Government of India



ಪೆದ್ದ ಮಾರೆಪ್ಪ  
Pedda Mareppa  
ಜನ್ಮ ದಿನಾಂಕ / DOB: 10/08/2005  
ಪುರುಷ / Male



4209 1232 0812

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



Name/ ಹೆಸರು

**Sanna Marappa**

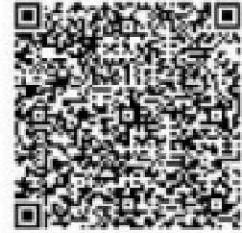
ಸಣ್ಣ ಮಾರಪ್ಪ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

**91-7141-6826-1119**

Abha Address/ ಅಭಾ ವಿಳಾಸ

**sanna.marappa@abdm**



Gender/ ಲಿಂಗ  
**Male / ಗಂಡು**

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ  
**15-08-2006**

Mobile/ ಮೊಬೈಲ್  
**9380901995**

**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](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।