



ಎಲೆಕ್ಟ್ರಾನಿಕ್ ಸಹಿ

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

V E E R U P A K S H A P P A

Middle Name

M A L L A P P A

Last Name

H I R E H O L I

B. Name (as per Aadhaar)

V E E R U P A K S H A P P A M H I R E H O L I

2. Gender (select one)



Male



Female



Transgender

3. Date of Birth

0 6

0 8

1 9 7 3

4. Aadhaar Number

4 3 8 1 5 6 2 0 2 4 9 6

5. Residence Address

Flat/Door/Building

C / O M A L L A P P A , G O V E R N M E N T

Road/Street/Block/Sector

B E L A H A R T A L U K N A V A L G U N D

Post Office

K A L W A D

Area/Locality/Town/City

B E L A H A R

District

D H A R W A D

State/Union Territory

KARNATAKA

Country/Region

I N D I A

PIN / ZIP CODE

5 8 2 2 0 8

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

6 3 6 3 4 0 2 6 8 9

(ii) Email ID

GOUDRA86@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

M A L L A P P A

Father's Middle Name

H I R E H O L I

Father's Last Name

H I R E H O L I

15. Name of parent to be printed on Permanent Account Number card (select one) ☒ Father ☐ Mother

|                                    |                  |   |   |   |              |   |   |
|------------------------------------|------------------|---|---|---|--------------|---|---|
| 16. Assessing Officer<br>(AO Code) | (i) Area Code    | K | A | R | (ii) AO Type | W |   |
|                                    | (iii) Range Code | 3 | 2 | 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

a. I, VEERUPAKSHAPPA M HIREHOLI, 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. DHARWAD

Date...19/09/2026

విదవాక్షప్త యోగం ౧

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

Name: VEERUPAKSHAPPA M HIREHOLI

Designation: **AUTHORIZED PERSON**



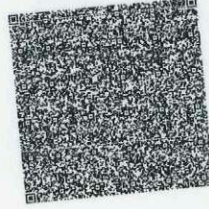
ಭಾರತ ಸರ್ಕಾರ  
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ  
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ / Enrolment No.: 2825/11168/20287

To  
ವಿರುಪಾಕ್ಷಪ್ಪ ಮ ಹಿರೇಹೊಳೆ  
Veerupakshappa M Hireholi  
C/O Mallappa,  
Government Primary school,  
Belahar Taluk Navalgund,  
VTC: Belahar,  
PO: Kalwad,  
Sub District: Navalgund,  
District: Dharwad,  
State: Karnataka,  
PIN Code: 582208  
Mobile: 6363402689

Signature valid  
Digitally signed by Unique  
Identification Authority of India  
DN: cn=Unique Identification  
Authority of India, o=Unique  
Identification Authority of India  
Date: 2020.08.13.13:38:20  
EST



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :  
4381 5620 2496

VID : 9186 9452 9410 7051

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ  
Government of India

Aadhaar no. issued: 05/01/2013



ವಿರುಪಾಕ್ಷಪ್ಪ ಮ ಹಿರೇಹೊಳೆ  
Veerupakshappa M Hireholi  
ಜನ್ಮ ದಿನಾಂಕ/DOB: 06/08/1973  
ಪುರುಷ/ MALE

ಆಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯಾಗಿದೆ, ಪೌರತ್ವ ಅಥವಾ ಜನ್ಮ ದಿನಾಂಕದ ಪುರಾವೆ  
ಅಲ್ಲ. ಇದನ್ನು ಜನಪ್ರಿಯ ದೃಢೀಕರಣ ಅಥವಾ QR ಕೋಡ್ / ಆಫ್ಲೈನ್ XML  
ಸ್ಕ್ಯಾನಿಂಗ್‌ನೊಂದಿಗೆ ಮಾತ್ರ ಬಳಸಬೇಕು.  
Aadhaar is proof of identity, not of citizenship or date of  
birth. It should be used only with verification (online  
authentication or scanning of QR code / offline XML)

4381 5620 2496

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



**national  
health  
authority**

Ayushman Bharat Health Account (ABHA)

आयुष्मान भारत स्वास्थ्य खाता (आभा)



Name/ ಹೆಸರು

**Veerupakshappa M Hireholi**

ವಿರುಪಾಕ್ಷಪ್ಪ ಮ ಹಿರೇಹೋಳಿ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

**91-7011-3337-1883**

Abha Address/ ಅಭಾ ವಿಳಾಸ

**91701133371883@abdm**



Gender/ ಲಿಂಗ

**Male / ಗಂಡು**

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ

**06-08-1973**

Mobile/ ಮೊಬೈಲ್

**6363402689**



**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](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।