

**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

S U M A

**B. Name (as per Aadhaar)**

S U M A

**2. Gender (select one)**☐ Tick

Male

☒ Tick

Female

☐ Tick

Transgender

**3. Date of Birth**

1

0

0

4

1

9

9

4

**4. Aadhaar Number**

6

9

6

5

5

8

1

3

6

0

9

3

**5. Residence Address**

Flat/Door/Building

N

O

1

3

2

Road/Street/Block/Sector

1

3

6

,

B

U

D

H

A

J

Y

O

T

H

I

L

A

Y

O

U

Post Office

N

A

G

A

S

A

N

D

R

A

P

O

S

T

Area/Locality/Town/City

C

H

I

K

K

A

B

I

D

I

R

I

K

A

L

L

U

District

B

E

N

G

A

L

U

R

U

R

B

A

N

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

6

0

0

7

3

**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

6

3

6

6

1

4

1

0

2

(ii) Email ID

ff3495014@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**

Father's Middle Name

Father's Last Name

R

A

M

E

S

H

|                         |               |
|-------------------------|---------------|
| 14. Mother's First Name |               |
| Mother's Middle Name    |               |
| Mother's Last Name      | S H A R D D 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 | W   |
| (iii) Range Code | 3 2 1 | (iv) AO No.  | 9 2 |

#### 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

SUMA

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. BENGALURU URBAN

Date. 20/09/2026



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

Name: SUMA

Designation: AUTHORIZED PERSON



ಭಾರತ ಸರ್ಕಾರ  
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ  
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 4050/60073/01188

To

ಸುಮಾ

Suma

C/O: Ramesha,

#00,

Mavaballi,

Chikkaballapura Taluk,

VTC: Nandi,

PO: Nandi,

Sub District: Chikkaballapur,

District: Chikkaballapur,

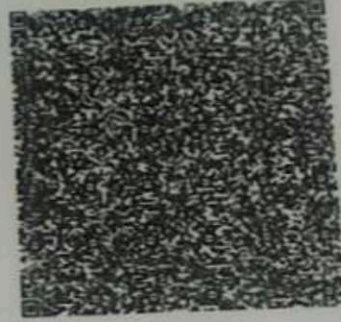
State: Karnataka,

PIN Code: 562103,

Mobile: 6366614102

Signature valid

Digitally signed by Unique  
Identification Authority of India  
DN:  
C=IN, O=Unique Identification Authority of India,  
CN=Unique Identification Authority of India  
Date: 2020.11.10 10:13:25  
+05'30'



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

6965 5813 6093

VID : 9137 3026 2033 2494

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ  
Government of India



ಸುಮಾ

Suma

ಜನ್ಮ ದಿನಾಂಕ/DOB: 10/04/1994

ಸ್ತ್ರೀ/ FEMALE

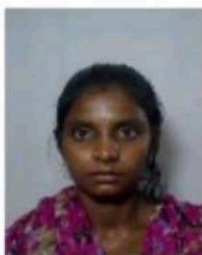
ಆಧಾರ್ ಗುರುತಿನ ಪ್ರಮಾಣವಾಗಿದೆ, ಪೌರತ್ವ ಅಥವಾ ಜನ್ಮ ದಿನಾಂಕದ ಪ್ರಮಾಣವಲ್ಲ. ಇದನ್ನು ಅನ್ವೇಷಣೆ ದೃಢೀಕರಣ ಅಥವಾ QR ಕೋಡ್ / ಅಪ್‌ಲೈನ್ XML ಸ್ಕ್ಯಾನ್‌ನೊಂದಿಗೆ ಮಾತ್ರ ಬಳಸಬೇಕು.

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)

6965 5813 6093

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

Aadhaar no. Issued: 11/10/2016



Name/ ಹೆಸರು

**Suma**

ಸುಮಾ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

**91-2687-3324-8002**

Abha Address/ ಅಭಾ ವಿಳಾಸ

**91268733248002@abdm**



Gender/ ಲಿಂಗ  
**Female / ಹೆಣ್ಣು**

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ  
**10-04-1994**

Mobile/ ಮೊಬೈಲ್  
**6366614102**

**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।