**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 I D D A P P A

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

S I D D A P P A

**2. Gender (select one)**

Male



Female



Transgender

**3. Date of Birth**

0

1

0

1

1

9

4

7

**4. Aadhaar Number**

2

3

5

9

7

8

8

6

3

2

4

0

**5. Residence Address**

Flat/Door/Building

0

1

Road/Street/Block/Sector

K

O

R

A

N

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H

A

L

L

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K

O

P

P

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L

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A

R

A

Post Office

A

R

A

K

E

R

E

Area/Locality/Town/City

A

R

A

S

I

K

E

R

E

District

H

A

S

S

A

N

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

7

3

1

1

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

6

1

1

9

2

9

7

4

6

(ii) Email ID

ganesh123bvr@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

N

N

A

Father's Middle Name

Father's Last Name

B

A

S

A

V

E

G

O

W

D

A

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, SIDDAPPA, 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: HASSAN

Date..21/09/2026

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

Name: **SIDDAPPA**

Designation: **AUTHORIZED PERSON**



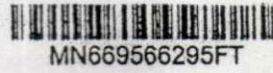
ಭಾರತ ಸರ್ಕಾರ  
Unique Identification Authority of India  
Government of India

ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No.: 1189/03145/00669

To  
ಸಿದ್ದಪ್ಪ  
Siddappa  
S/O: Sanna Basavegowda  
Korannahalli koppalu  
Arakere  
Arakere  
Arasikere Hasan  
Karnataka 573112  
9611929746

07/11/2013

66956629



MN669566295FT



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

**2359 7886 3240**

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



ಭಾರತ ಸರ್ಕಾರ  
Government of India



ಸಿದ್ದಪ್ಪ  
Siddappa  
ಜನ್ಮ ದಿನಾಂಕ / DOB : 01/01/1947  
ಪುರುಷ / Male



3017

2359 7886 3240

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



Name/ ಹೆಸರು

**Siddappa**

ಸಿದ್ದಪ್ಪ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

**91-7446-2450-5254**

Abha Address/ ಅಭಾ ವಿಳಾಸ

**91744624505254@abdm**



Gender/ ಲಿಂಗ

**Male / ಗಂಡು**

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ

**01-01-1947**

Mobile/ ಮೊಬೈಲ್

**9611929746**

#### 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।
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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।