



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

K I R A N K U M A R

B. Name (as per Aadhaar)

K I R A N K U M A R

2. Gender (select one)



Male



Female



Transgender

3. Date of Birth

0

1

0

1

2

0

0

8

4. Aadhaar Number

7

4

4

4

4

4

6

6

0

1

4

5. Residence Address

Flat/Door/Building

4

4

D

E

V

A

T

E

G

U

D

I

H

A

T

T

I

R

Road/Street/Block/Sector

G

O

G

A

D

I

H

A

L

Post Office

N

A

G

A

N

U

R

Area/Locality/Town/City

T

Q

S

H

O

R

A

P

U

R

District

Y

A

D

G

I

R

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

8

5

2

1

6

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

6

2

8

2

5

0

8

(ii) Email ID

utireddy@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

M

A

L

A

P

P

A

14. Mother's First Name	
Mother's Middle Name	
Mother's Last Name	M A H A L A X M I

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	4 2 1	(iv) AO No.	5

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

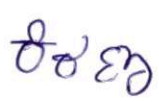
KIRANKUMAR

a. I, KIRANKUMAR, 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. YADGIR

Date. 22/09/2026



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

Name: KIRANKUMAR

Designation: AUTHORIZED PERSON

N. - 6366282501

ಅಂಶ :- ಮಾನ್ಯತೆ/ನಂಬಿಕೆ
ಅಂಶ :- ನಂಬಿಕೆ/ನಂಬಿಕೆ



ಭಾರತ ಸರ್ಕಾರ

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/Enrolment No.: 2906/06329/00650

To
ಶಿರಣ್ಣಮಾರ್
Krankumar
S/O: Malappa
44
devate gudi hattir
gogadihal
gogadihal
Gogaddihal
Yadgir Karnataka - 585216
6366282508

Signature valid

Signature valid
Date: 20/01/2015
Time: 10:00:15



ನಿಮ್ಮ ಅಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

7444 4446 6014

VID : 9158 6813 5864 4617

ನನ್ನ ಅಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India

ಶಿರಣ್ಣಮಾರ್
Krankumar
ಜನ್ಮ ದಿನಾಂಕ/DOR: 01/01/2009
ಪ್ರಭುತ್ವ/ MALE



7444 4446 6014

VID : 9158 6813 5864 4617

ನನ್ನ ಅಧಾರ್, ನನ್ನ ಗುರುತು



Government of India



ಮಾಹಿತಿ

- ಅಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯೇ ಹೊರತು ಪೌರತ್ವದಲ್ಲ.
- ಸುರಕ್ಷಿತ ಕ್ಯೂಆರ್ ಕೋಡ್/ಆಪ್ಲೆನ್ XML/ಆಪ್ಲೆನ್ ದೃಢೀಕರಣ ಬಳಸಿ ಗುರುತನ್ನು ಪರಿಶೀಲಿಸಿ
- ಎಲೆಕ್ಟ್ರಾನಿಕ್ ಪ್ರಕ್ರಿಯೆ ಮೂಲಕ ಮುದ್ರಿತವಾದ ವಿಷಯವನ್ನು ದಾಖಲೆ ಇದಾಗಿದೆ

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- Verify identity using Secure QR Code/ Offline XML/ Online Authentication.
- This is electronically generated letter.

- ಅಧಾರ್ ದೇಶದಾದ್ಯಂತ ಮಾನ್ಯತೆಯನ್ನು ಪಡೆದಿದೆ
- ಸುಲಭವಾಗಿ ಸರ್ಕಾರಿ ಹಾಗೂ ನೌಸರ್ಕಾರಿ ಸೇವೆಗಳನ್ನು ಪಡೆಯಲು ಅಧಾರ್ ಸಹಾಯವಾಗಿದೆ.
- ನಿಮ್ಮ ಮೊಬೈಲ್ ಸಂಖ್ಯೆ ಮತ್ತು ಇ-ಮೇಲ್ ಐಡಿ ಅನ್ನು ಅಧಾರ್ ನಲ್ಲಿ ನವೀಕರಿಸಿ
- ಅಧಾರ್ ನ್ನು ನಿಮ್ಮ ಸ್ಮಾರ್ಟ್ ಫೋನ್ ನಲ್ಲಿ ಕೊಂಡೊಯ್ಯಿರಿ - mAadhaar ಅಪ್ಲಿಕೇಶನ್ ಬಳಸಿ

- Aadhaar is valid throughout the country.
- Aadhaar helps you avail various Government and non-Government services easily.
- Keep your mobile number & email ID updated in Aadhaar.
- Carry Aadhaar in your smart phone - use myAadhaar App.



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ವಿಳಾಸ:
ಶಿರಣ್ಣ / ಶಾಯರು ಹುಡು: ಮಾಲ್ಪಾ, 44, ದೇವತೆ ಗುಡಿ
ಹತ್ತಿರ, ಗೋಗಡಿಹಾಳ, ಗೋಗಡಿಹಾಳ, ಗೋಗಡಿಹಾಳ,
ಯಾದಗಿರಿ,
ಕರ್ನಾಟಕ - 585216

Address:
S/O: Malappa, 44, devate gudi hattir,
gogadihal, gogadihal, Gogaddihal, Yadgir,
Karnataka - 585216



7444 4446 6014

VID : 9158 6813 5864 4617

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Ayushman Bharat Health Account (ABHA)
आयुष्मान भारत स्वास्थ्य खाता (अभा)



Name/ नाम

Kirankumar

किरणकुमार

Abha Number/ अभा संख्या

91-3517-6767-7567

Abha Address/ अभा विಳाप

913517677567@abdm



Gender/ लिंग

Male / पुरुष

Date Of Birth/ जन्म तिथि

01-01-2008

Mobile/ मोबाइल

6366282508



Ayushman Bharat Health Account (ABHA)
आयुष्मान भारत स्वास्थ्य खाता (अभा)



Instructions

Toll-Free Number: 1800 114 477

- With this ABHA you have become a part of India's digital health ecosystem. इस अभा 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. अभा 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 अभा 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, it is digitally acceptable. यदि यह कार्ड खो जाता है तो कृपया इसे www.abha.abdm.gov.in से डाउनलोड करें, यह डिजिटल रूप से स्वीकार्य है।