



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

K A S T U R E V V A

Middle Name

G O V I N D R D D I

Last Name

N A V A L G U N D

B. Name (as per Aadhaar)

K A S T U R E V V A G O V I N D R D D I N A V

A L G U N D

2. Gender (select one)

☐ Tick

Male

☒ Tick

Female

☐ Tick

Transgender

3. Date of Birth

1

4

1

0

1

9

8

8

4. Aadhaar Number

5

4

1

1

8

9

2

1

7

4

5

3

5. Residence Address

Flat/Door/Building

D Y A M A V A N N A

G U D I

O N I

Road/Street/Block/Sector

P A D E S U R

Post Office

Y A M A N U R

Area/Locality/Town/City

N A V A L A G U N D

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)

☒ 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

8

1

0

5

6

6

4

7

5

3

(ii) Email ID

basu.m1988@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

D H A R M A R A D D I

Father's Middle Name

A D I V E P P A

Father's Last Name

K A D A D A L L I

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

|                                           |                  |   |   |   |              |   |   |
|-------------------------------------------|------------------|---|---|---|--------------|---|---|
| 16. <b>Assessing Officer</b><br>(AO Code) | (i) Area Code    | K | A | R | (ii) AO Type | W |   |
|                                           | (iii) Range Code | 3 | 2 | 1 | (iv) AO No.  | 9 | 2 |

[illegible]

| 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         | <input type="text"/> | <input type="text"/> | <input type="text"/> | Mobile Number   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| (ii) Email ID                             | <input type="text"/> |                      |                      |                      |                 |                      |                      |                      |                      |
| (iii) Landline No. with STD Code (if any) | STD Code             | <input type="text"/> | <input type="text"/> | <input type="text"/> | Landline Number | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

22. Address for Communication (select one) ☒ Residence Address ☐ Representative Assessee Address ☐ Office Address

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

KASTUREVVA GOVINDRDDI NAVALGUND

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. **DHARWAD**

Date. **22/09/2026**

K. Gr. Nanlagamini

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

Name: \_\_\_\_\_ KASTUREVVA GOVINDRDDI NAVALGUND

Designation: \_\_\_\_\_ AUTHORIZED PERSON



ಭಾರತ ಸರ್ಕಾರ  
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ  
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ / Enrolment No.: 2763/30359/00806

To  
ಕಸ್ತೂರಬ್ಬ ಗೋವಿಂದರಾಜಿ ನವಲಗುಂದ  
KASTURIBVA GOVINDRAJI NAVALGUND  
GUDI ONI  
YAMANUR  
Padesur  
Dharwad Karnataka - 582208  
8105664753

Signature valid

Digital Signature  
AUTHORISED BY  
Date: 2023-10-08 14:34  
UTC



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

5411 8921 7453

VID : 9190 7829 1247 9985

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ  
Government of India



ಕಸ್ತೂರಬ್ಬ ಗೋವಿಂದರಾಜಿ ನವಲಗುಂದ  
KASTURIBVA GOVINDRAJI NAVALGUND  
ಜನ್ಮ ದಿನಾಂಕ/DOB: 14/10/1988  
ಪ್ರ / FEMALE

Issue Date: 04/10/2013

5411 8921 7453

VID : 9190 7829 1247 9985

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



### ಮಾಹಿತಿ

- ಆಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯೇ ಹೊರತು ಪೌರತ್ವದಲ್ಲ
- ಸುರಕ್ಷಿತ ಕ್ಯೂಆರ್ ಕೋಡ್/ಆಫ್ಲೈನ್ XML /ಆನ್ಲೈನ್ ದೃಢೀಕರಣ ಬಳಸಿ ಗುರುತನ್ನು ಪರಿಶೀಲಿಸಿ
- ಎಲೆಕ್ಟ್ರಾನಿಕ್ ಪ್ರಕ್ರಿಯೆ ಮೂಲಕ ಮುದ್ರಿತವಾದ ವಿದ್ಯುನ್ಮಾನ 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.

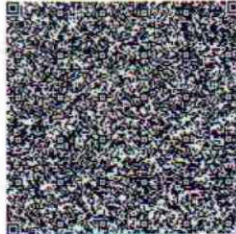
- ಆಧಾರ್ ದೇಶದಾದ್ಯಂತ ಮಾನ್ಯತೆಯನ್ನು ಪಡೆದಿದೆ
- ಸುಲಭವಾಗಿ ಸರ್ಕಾರಿ ಹಾಗೂ ಸರ್ಕಾರೇತರ ಸೇವೆಗಳನ್ನು ಪಡೆಯಲು ಆಧಾರ್ ಸಹಾಯವಾಗಿದೆ.
- ನಿಮ್ಮ ಮೊಬೈಲ್ ಸಂಖ್ಯೆ ಮತ್ತು ಇ-ಮೇಲ್ ಐಡಿ ಅನ್ನು ಆಧಾರ್ ನಲ್ಲಿ ನವೀಕರಿಸಿಡಿ
- ಆಧಾರ್ ನ್ನು ನಿಮ್ಮ ಸ್ಮಾರ್ಟ್ ಫೋನ್ ನಲ್ಲಿ ಕೊಂಡೊಯ್ಯಿರಿ- mAadhaar ಅಪ್ಲಿಕೇಶನ್ ಬಳಸಿ
- **Aadhaar** is valid throughout the country.
- **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 **mAadhaar** App.



ಭಾರತೀಯ ವಿಕಿಚ್ಛ ಗುರುತು ಪ್ರಾಧಿಕಾರ  
Unique Identification Authority of India



ವಿಳಾಸ:  
ಗುಡಿ ಓನಿ, ಯಮನೂರ, ಪಡೇಸೂರ, ಧಾರವಾಡ,  
ಕರ್ನಾಟಕ - 582208  
Address:  
GUDI ONI, YAMANUR, Padesur, Dharwad,  
Karnataka - 582208



5411 8921 7453

VID : 9190 7829 1247 9985

1947 | help@uidai.gov.in | www.uidai.gov.in

Download Date: 28/10/2022



Name/ ಹೆಸರು

**KASTUREVVA GOVINDRDDI NAVALGUND**

ಕಸ್ತೂರೇವ್ವ ಗೋವಿಂದರಡ್ಡಿ ನವಲಗುಂದ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

**91-1862-0600-0736**

Abha Address/ ಅಭಾ ವಿಳಾಸ

**91186206000736@abdm**



Gender/ ಲಿಂಗ  
**Female / ಹೆಣ್ಣು**

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ  
**14-10-1988**

Mobile/ ಮೊಬೈಲ್  
**8105664753**

**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 एंजीकृत 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।