



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 N I L

B. Name (as per Aadhaar)

S U N I L

2. Gender (select one)



Male



Female



Transgender

3. Date of Birth

0

1

0

1

2

0

0

1

4. Aadhaar Number

4

3

9

6

1

3

7

3

7

4

5

6

5. Residence Address

Flat/Door/Building

C

/

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Y

A

S

H

V

A

N

T

Road/Street/Block/Sector

A

R

J

U

N

A

G

I

Post Office

A

R

J

U

N

G

I

Area/Locality/Town/City

T

A

N

D

A

District

K

A

L

A

B

U

R

A

G

I

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

8

5

2

3

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

8

4

3

1

1

0

8

0

8

3

(ii) Email ID

chavhanuttam555@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

Y

A

S

H

V

A

N

T

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

16. **Assessing Officer**
(AO Code)

(i) Area Code	K	A	R
(iii) Range Code	3	2	1

(ii) AO Type	W	
(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, _____, 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. KALABURAGI

Date.. 24/09/2026

Sharp

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

Name: **SUNIL**

Designation: **AUTHORIZED PERSON**



ಭಾರತ ಸರ್ಕಾರ
Government of India

Aadhaar no. issued: 14/06/2016



ಸುನೀಲ

Sunil

ಜನ್ಮ ದಿನಾಂಕ/DOB: 01/01/2001

ಪುರುಷ/ MALE

ಆಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯಾಗಿದೆ, ಹೊರತು ಆಧಾರ್ ಜನ್ಮ ದಿನಾಂಕದ ಪುರಾವೆ ಅಲ್ಲ. ಇದನ್ನು ಆನ್‌ಲೈನ್ ದೃಢೀಕರಣ ಅಥವಾ QR ಕೋಡ್ / ಆಫ್‌ಲೈನ್ XML ಸ್ಕ್ಯಾನ್‌ಗೊಂಡಿಗೆ 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)

4396 1373 7456

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು





ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

Unique Identification Authority of India

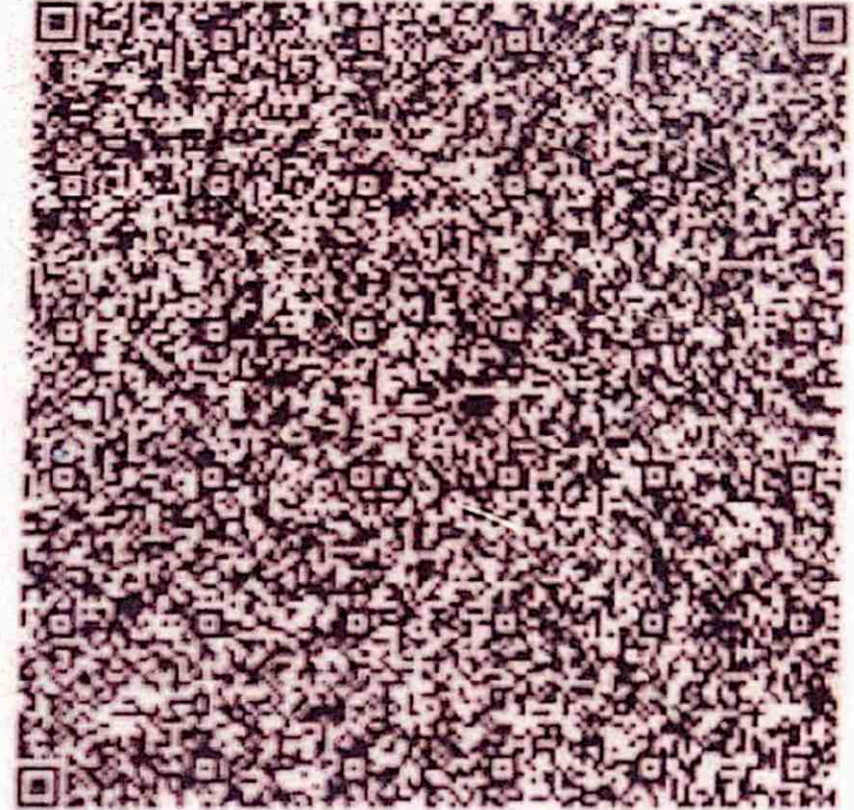


ವಿಳಾಸ:

ತಂದೆ / ತಾಯಿಯ ಹೆಸರು: ಯಶವಂತ, ಅರ್ಜುಣಗಿ ತಾಂಡಾ,
ಅರ್ಜುಣಗಿ, ಅರ್ಜುನಗಿ, ಗುಲ್ಬರ್ಗಾ,
ಕರ್ನಾಟಕ - 585236

Address:

S/O: Yashvant, Arjunagi Tanda, Arjungi, PO:
Arjunagi, DIST: Gulbarga,
Karnataka - 585236



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VID : 9181 0254 1044 1468

☎ 1947

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🌐 www.uidai.gov.in



**national
health
authority**

Ayushman Bharat Health Account (ABHA)

आयुष्मान भारत स्वास्थ्य खाता (आभा)



Name/ ಹೆಸರು

Sunil

ಸುನೀಲ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

91-1370-8770-1389

Abha Address/ ಅಭಾ ವಿಳಾಸ

91137087701389@abdm



Gender/ ಲಿಂಗ

Male / ಗಂಡು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ

01-01-2001

Mobile/ ಮೊಬೈಲ್

8431108083



**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, 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।