



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

S U H A N A

Middle Name

Last Name

B E G A M

B. Name (as per Aadhaar)

S U H A N A

B E G A M

2. Gender (select one)

☐ Tick

Male

☒ Tick

Female

☐ Tick

Transgender

3. Date of Birth

1

2

0

1

2

0

0

7

4. Aadhaar Number

6

0

0

9

7

2

7

7

5

1

5

9

5. Residence Address

Flat/Door/Building

1

1

3

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Road/Street/Block/Sector

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Post Office

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Area/Locality/Town/City

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District

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A

L

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

6

0

0

7

7

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

7

7

3

9

1

9

8

2

6

7

(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

G

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14. Mother's First Name	
Mother's Middle Name	
Mother's Last Name	A S M I R 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

SUHANA BEGAM

a. I, SUHANA BEGAM, 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. BENGALURU RURAL

Date. 27/09/2026

SUHANA

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

Name: SUHANA BEGAM

Designation: AUTHORIZED PERSON



भारत सरकार
Government of India

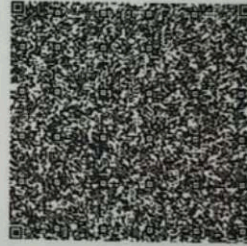
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 4046/01525/15069

To
सुहाना बेगम
Suhana Begam
D/O Shah Gaisul,
Village - Dumaria,
Panchayat - Barhkumba,
Ward No - 03,
VTC: Domaria,
PO: Tarbi,
Sub District: Palasi,
District: Araria,
State: Bihar,
PIN Code: 854329
Mobile: 7739198267

Signature valid

Digitally signed by Unique
Identification Authority of India
06
Date: 2026.09.20 11:03
IST



आपका **आधार** क्रमांक / Your **Aadhaar** No. :

6009 7277 5159

VID : 9143 6286 0834 6474

मेरा **आधार**, मेरी पहचान



भारत सरकार
Government of India



Aadhaar no. issued: 27/04/2015

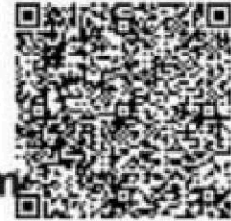


सुहाना बेगम
Suhana Begam
जन्म तिथि/DOB: 12/01/2007
महिला/ FEMALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।
**Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication, or scanning of QR code / offline XML).**

6009 7277 5159

मेरा **आधार**, मेरी पहचान

**Name/ नाम****Suhana Begam****सुहाना बेगम****Abha Number/ आभा-संख्या****91-2248-2823-2849****Abha Address/ आभा पता****suhana.begam3992@abdm****Gender/ लिंग****Female / महिला****Date Of Birth/ जन्मतिथि****12-01-2007****Mobile/ मोबाइल****7739198267****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।