

**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

P O O J A

Middle Name

Last Name

R A I K W A R

B. Name (as per Aadhaar)

P O O J A R A I K W A R

2. Gender (select one)☐ Tick

Male

☒ Tick

Female

☐ Tick

Transgender

3. Date of Birth

1

4

0

1

2

0

0

0

4. Aadhaar Number

3

3

0

4

7

7

1

5

6

2

7

7

5. Residence Address

Flat/Door/Building

C / O J A G D I S H

Road/Street/Block/Sector

1 , G R E E N G A R D E N P H A S E 2

Post Office

C H O K K A N A H A L L I ,

Area/Locality/Town/City

S R I B A L A J I K R U P A L A Y O U T ,

District

B E N G A L U R U R U R A L

State/Union Territory

KARNATAKA

Country/Region

I N D I A

PIN / ZIP CODE

5 6 0 0 6 4

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

3

8

9

4

5

4

1

9

0

(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

J A G D I S H

14. Mother's First Name	
Mother's Middle Name	
Mother's Last Name	K A L A W A T H 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	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

POOJA RAIKWAR

a. I, POOJA RAIKWAR, 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

POOJA RAIKWAR

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

Name: POOJA RAIKWAR

Designation: AUTHORIZED PERSON



भारत सरकार
Government of India



Download Date: 30/05/2023



पूजा रैकवार
Pooja Raikwar
जन्म तिथि / DOB : 14/01/2000
महिला / FEMALE

Issue Date: 30/04/2023

3304 7715 6277

मेरा **आधार**, मेरी पहचान



**national
health
authority**

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



Name/ नाम

Pooja Raikwar

पूजा रैकवार

Abha Number/ आभा-संख्या

91-5572-0254-4655

Abha Address/ आभा पता

pooja.raikwar5503@abdm



Gender/ लिंग

Female / महिला

Date Of Birth/ जन्मतिथि

14-01-2000

Mobile/ मोबाइल

7389454190



**national
health
authority**

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

