



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

A

K

S

H

I

B. Name (as per Aadhaar)

S

A

K

S

H

I

2. Gender (select one)

☐ Tick

Male

☒ Tick

Female

☐ Tick

Transgender

3. Date of Birth

0

1

0

1

2

0

0

3

4. Aadhaar Number

3

5

8

3

3

4

8

4

9

1

6

6

5. Residence Address

Flat/Door/Building

E

-

2

/

9

0

Road/Street/Block/Sector

T

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M

M

A

N

N

A

,

D

E

V

I

K

E

R

A

Post Office

L

A

X

M

I

P

U

R

Area/Locality/Town/City

Y

A

D

G

I

R

District

Y

A

D

G

I

R

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

8

5

3

0

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

6

3

6

6

5

2

1

7

3

8

(ii) Email ID

venkateshnyadav1234@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

R

A

T

N

A

P

P

A

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	(ii) AO Type	W	
	(iii) Range Code	4	2	1	(iv) AO No.	5	

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

☐ Tick (i) Proof of Identity ☐ Tick (ii) Proof of Address

SELF

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: YADGIR

Date...13/10/2026

शुद्ध

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

Name: SAKSHI

Designation: **AUTHORIZED PERSON**



ಭಾರತ ಸರ್ಕಾರ
Government of India



ಸಾಕ್ಷಿ
Sakshi
ಜನ್ಮ ದಿನಾಂಕ/DOB: 01/01/2003
ಪ್ರಿ/FEMALE

Issue Date: 02/11/2013

3583 3484 9166

VID : 9156 7674 4591 7683

ಶುಶ್ರೂಷಾ ಅಧಿಕಾರಿ, ನನ್ನ ಗುರುತು



ಭಾರತೀಯ ವಿಕಿತ್ಯ ಗುರುತು ಪ್ರಾಧಿಕಾರ

Unique Identification Authority of India



ವಿಳಾಸ:

ತಿಮ್ಮಣ್ಣ, ಎ-2/90, ದೇವಿಕೇರಾ, ಯಾದಗಿರಿ,
ಕರ್ನಾಟಕ - 585304

Address:

Timmanna, E-2/90, Devikera, Yadgir,
Karnataka - 585304



3583 3484 9166

VID : 9156 7674 4591 7683

1047

help@uidai.gov.in

www.uidai.gov.in



Name/ **ಹೆಸರು**

Sakshi

ಸಾಕ್ಷಿ

Abha Number/ **ಅಭಾ ಸಂಖ್ಯೆ**

91-3334-3344-4317

Abha Address/ **ಅಭಾ ವಿಳಾಸ**

91333433444317@abdm



Gender/ **ಲಿಂಗ**
Female / ಹೆಣ್ಣು

Date Of Birth/ **ಹುಟ್ಟಿದ ದಿನಾಂಕ**
01-01-2003

Mobile/ **ಮೊಬೈಲ್**
9741160272

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, 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।