

**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

D W A R A G A N A H A L L I

Middle Name

R A M A P P A

Last Name

H A R I S H

B. Name (as per Aadhaar)

D R H A R I S H

2. Gender (select one)

Male



Female



Transgender

3. Date of Birth

0 1

0 1

1 9 8 6

4. Aadhaar Number

4 8 8 1 2 0 8 9 6 9 0 8

5. Residence Address

Flat/Door/Building

C / O R A M A P P A

Road/Street/Block/Sector

D W A R A G A N A H A L L I

Post Office

B I S L A H A L L I

Area/Locality/Town/City

G O W R I B I D A N U R

District

C H I K K A B A L L A P U R

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5 6 1 2 1 1

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

9 3 5 3 4 9 9 0 9 8

(ii) Email ID

girish.ranganna@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

R A M 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	1	2	8	(iv) AO No.	9	4

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, D R HARISH, 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, CHIKKABALLAPUR

Date...06/10/2026

Harish. R

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

Name: D R HARISH

Designation: **AUTHORIZED PERSON**



ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ಏಕೀಕೃತ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ / Enrolment No.: 0821/83856/01011

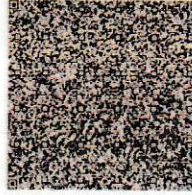
Download Date: 19/02/2020

To
ಡಿ ಆರ್ ಹರಿಶ್
D R Harish
C/O: Ramappa
29
Dwaraganahalli
Gauribidanuru Taluk
Manchenahalli Hobli
Dwaraganahalli
Bistahalli
Chikkaballapur Karnataka - 561211
9535176842

Issue Date: 09/01/2020

Signature valid

CHIKKABALLAPUR
AUTHORITY OF INDIA
Date: 2020/09/10 15:54
IST



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

4881 2089 6908

VID : 9116 2038 8561 5912

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India

Download Date: 19/02/2020



ಡಿ ಆರ್ ಹರಿಶ್
D R Harish
ಜನ್ಮ ದಿನಾಂಕ/DOB: 01/01/1986
ಪುರುಷ/ MALE

Issue Date: 09/01/2020

4881 2089 6908

VID : 9116 2038 8561 5912

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



Name/ ಹೆಸರು

D R Harish

ಡಿ ಆರ್ ಹರಿಶ್

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

91-1441-7252-0146

Abha Address/ ಅಭಾ ವಿಳಾಸ

91144172520146@abdm



Gender/ ಲಿಂಗ
Male / ಗಂಡು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ
01-01-1986

Mobile/ ಮೊಬೈಲ್
9535176842

Instructions

Toll-Free Number: 1800 114 477

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इस आभा के साथ आप भारत के डिजिटल हेल्थ इकोसिस्टम का हिस्सा बन गए हैं।
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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।
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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।