

**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

G U L A N A G O U D A

Middle Name

D Y A M A N A G O U D A

Last Name

B H A R A M A G O U D R A

B. Name (as per Aadhaar)

G U L A N A G O U D A

D B H A R A M A G O U D

R A

2. Gender (select one)

Male



Female



Transgender

3. Date of Birth

1

1

0

5

1

9

6

5

4. Aadhaar Number

6

1

9

3

0

5

2

8

6

0

1

3

5. Residence Address

Flat/Door/Building

C / O D Y A M A N A G O U D A B H A R A M A

Road/Street/Block/Sector

K A L A W A D

Post Office

Area/Locality/Town/City

N A G A R A H A L L I

District

D H A R W A D

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

8

2

2

0

8

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

6

3

6

2

6

5

3

4

2

8

(ii) Email ID

grama1.dwd.belahar@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

D Y A M A N A G O U D A

Father's Middle Name

Father's Last Name

B H A R A M A G O U D R 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	3	2	1	(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

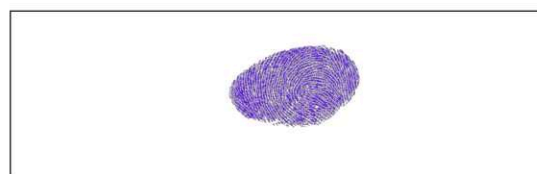
☐ (i) Proof of Identity ☐ (ii) Proof of Address

a. I, GULANAGOUDA D BHARAMAGOUDRA, 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, DHARWAD

Date..08/10/2026



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

Name: GULANAGOUDA D BHARAMAGOUDRA

Designation: **AUTHORIZED PERSON**



ಭಾರತ ಸರ್ಕಾರ
Government of India

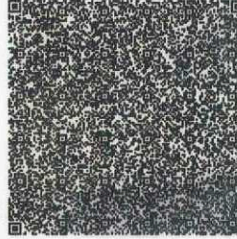
ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 2825/11549/02318

To
ಗುಲನಗೌಡ ದ್ವಾ ಭರಮಗೌಡ
GULANAGOUDA D BHARAMAGAUDRA
NAGARAHALLI
NAGARAHALLI
Kalawad
Dharwad Karnataka - 582208
6362653428

Signature valid

Digitally signed by
GULANAGOUDA D BHARAMAGAUDRA
AUTHORITY: INDIA 05
Date: 2023.03.05 05:19
UTC



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

6193 0528 6013

VID : 9120 8538 2087 4839

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India

Issue Date: 14/09/2013



ಗುಲನಗೌಡ ದ್ವಾ ಭರಮಗೌಡ
GULANAGOUDA D BHARAMAGAUDRA
ಜನನ ದಿನಾಂಕ/DOB: 11/05/1965
ಪುರುಷ/ MALE

6193 0528 6013

VID : 9120 8538 2087 4839

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



Name/ ಹೆಸರು

GULANAGOUDA D BHARAMAGOUDRA

ಗುಲನಗೌಡ ದ್ವಾ ಭರಮಗೌಡ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

91-4062-1564-1654

Abha Address/ ಅಭಾ ವಿಳಾಸ

gulanagouda_65@abdm



Gender/ ಲಿಂಗ
Male / ಗಂಡು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ
11-05-1965

Mobile/ ಮೊಬೈಲ್
6362653428

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।