

**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

M A L L E S H I

B. Name (as per Aadhaar)

M A L L E S H I

2. Gender (select one)

Male



Female



Transgender

3. Date of Birth

0

1

0

1

1

9

8

4

4. Aadhaar Number

2

2

0

7

2

2

2

5

6

0

2

5

5. Residence Address

Flat/Door/Building

H O U S E N O 4 8 , W A R D N O

Road/Street/Block/Sector

B E L L A R Y T H A L U K A

Post Office

A S U N D I

Area/Locality/Town/City

V T C A S U N D I

District

B A L L A R I

State/Union Territory

KARNATAKA

Country/Region

I N D I A

PIN / ZIP CODE

5 8 3 1 0 3

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

6

8

6

6

2

9

6

2

8

(ii) Email ID

gramaonesanganakallu01@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

H O N N U R A P P A

14. Mother's First Name	
Mother's Middle Name	
Mother's Last Name	A N J I N A M M 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	C
(iii) Range Code	4 2 1	(iv) AO No.	9 1

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

MALLESHI

a. I, 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. BALLARI

Date. 08/10/2026



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

Name: MALLESHI

Designation: AUTHORIZED PERSON



ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ / Enrollment No.: 0656/03954/10545

To
ಮಲ್ಲೇಶಿ
Mallieshi
S/O: Nagabhushanam,
House No 48, Ward No,
Bellary Taluka,
VTC: Asundi,
PO: Asundi,
Sub District: Hagaribommanahalli, District: Bellary,
State: Karnataka,
PIN Code: 583103,
Mobile: 9686629628

127501369



MG275013697F1



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

2207 2225 6025

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India



ಮಲ್ಲೇಶಿ
Mallieshi
ಜನ್ಮ ದಿನಾಂಕ / DOB : 01/01/1984
ಪುರುಷ / Male

Issue Date : 22/12/2013

2207 2225 6025

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಮಾಹಿತಿ

- ಆಧಾರ್ ಗುರುತಿಸಿರುವ ಪುರಾವೆಯೇ ಹೊರತು ಪೌರತ್ವದಲ್ಲ.
- ಸುರಕ್ಷಿತ ಕ್ಯೂಆರ್ ಕೋಡ್/ಆಫ್ಲೈನ್ XML / ಆನ್ಲೈನ್ ದೃಢೀಕರಣ ಬಳಸಿ ಗುರುತನ್ನು ಪರಿಶೀಲಿಸಿ.

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- Verify identity using Secure QR Code / Offline XML / Online Authentication.

- ಆಧಾರ್ ದೇಶದಾದ್ಯಂತ ಮಾನ್ಯತೆಯನ್ನು ಪಡೆದಿದೆ.
- ಸುಲಭವಾಗಿ ಸರ್ಕಾರಿ ಹಾಗೂ ಸರ್ಕಾರೇತರ ಸೇವೆಗಳನ್ನು ಪಡೆಯಲು ಆಧಾರ್ ಸಹಾಯವಾಗಿದೆ.
- ನಿಮ್ಮ ಮೊಬೈಲ್ ಸಂಖ್ಯೆ ಮತ್ತು ಇ-ಮೇಲ್ ಐಡಿ ಅನ್ನು ಆಧಾರ್ ನಲ್ಲಿ ನವೀಕರಿಸಿ.
- ಆಧಾರ್ ನ್ನು ನಿಮ್ಮ ಸ್ಮಾರ್ಟ್ ಫೋನ್ ನಲ್ಲಿ ಕೊಂಡೊಯ್ಯಿರಿ- mAadhaar ಅಪ್ಲಿಕೇಶನ್ ಬಳಸಿ.
- Aadhaar is valid throughout the country.
- Aadhaar helps you avail various Government and non-Government services easily.
- Keep your mobile number & email ID updated in Aadhaar.
- Carry Aadhaar in your smart phone – use mAadhaar App.



ಭಾರತೀಯ ಏಕೀಕೃತ ಗುರುತು ಅಧಿಕಾರ



Print Date : 27/12/2021

ವಿಳಾಸ: ಕೆ/ಓ: ನಾಗಭುಷಣಂ, ಹೌಸ್ ನಂ 48, ಬಾರ್ಡ್ ನಂ, ಬಳ್ಳಾರಿ ತಾಲ್ಲೂಕು, ಅಸುಂಡಿ, ಬಳ್ಳಾರಿ, ಕರ್ನಾಟಕ, 583103

Address: S/O: Nagabhushanam, House No 48, Ward No, Bellary Taluka, Asundi, Bellary, Karnataka, 583103



2207 2225 6025



1947



help@uidai.gov.in



www.uidai.gov.in



Name/ಹೆಸರು

Malleshi

ಮಲ್ಲೇಶಿ

ABHA number/ಅಭಾ ಸಂಖ್ಯೆ

91-1862-6638-1521

ABHA address/ಅಭಾ ವಿಳಾಸ

malleshi_84@abdm



Gender/ಲಿಂಗ

Male/ಗಂಡು

Date of birth/ಹುಟ್ಟಿದ ದಿನಾಂಕ

01-01-1984

Mobile/ಮೊಬೈಲ್

9686629628

Instructions

Toll- Free Number: 1800114477

- 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 संचालित 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।