

ಕೆಆರ್‌ಎಸ್‌ಎಸ್‌ಸಿ



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

L A K S H M I N A R A Y A N A

Middle Name

Last Name

B A S A P P A

B. Name (as per Aadhaar)

L A K S H M I N A R A Y A N A B

2. Gender (select one)



Male



Female



Transgender

3. Date of Birth

1 5

0 7

1 9 8 6

4. Aadhaar Number

4 0 5 7 3 9 9 1 3 7 5 9

5. Residence Address

Flat/Door/Building

C / O B A S A P P A

Road/Street/Block/Sector

H O S U R

Post Office

H O S S U R

Area/Locality/Town/City

District

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

State/Union Territory

KARNATAKA

Country/Region

I N D I A

PIN / ZIP CODE

5 6 1 2 1 0

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

8 0 8 8 2 8 2 2 1 0

(ii) Email ID

gayatritn8@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

B A S A P P A

14. Mother's First Name	
Mother's Middle Name	
Mother's Last Name	J A Y 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	W
	(iii) Range Code	1 2 8	(iv) AO No.	9 4

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

LAKSHMINARAYANA B
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. CHIKKABALLAPUR
Date. 08/10/2026

ನಿಜವಾಗಿ ನೋಡು, 29

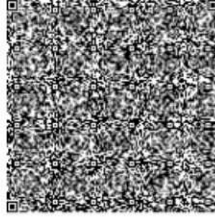
(Signature /Left Hand Thumb Impression of Applicant or Representative Assessee)

Name: LAKSHMINARAYANA B

Designation: AUTHORIZED PERSON

Signature valid

Digitally signed by Unique
Identification Authority of India
DN: cn=2020, o=UIDAI, ou=19-56-42



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

4057 3991 3759

VID : 9145 3522 4317 2405

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ

Government of India

Aadhaar no. issued: 21/09/2015



ಲಕ್ಷ್ಮಿನಾರಾಯಣ.ಬಿ

Lakshminarayana.B

ಜನ್ಮ ದಿನಾಂಕ/DOB: 15/07/1986

ಪುರುಷ/ MALE

ಆಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯಾಗಿದೆ, ಪೌರತ್ವ ಅಥವಾ ಜನ್ಮ ದಿನಾಂಕದ ಪುರಾವೆ
ಇಲ್ಲ. ಇದನ್ನು ಆನ್‌ಲೈನ್ ವೈರಿಕರಣ ಅಥವಾ 0x ಕೋಡ್ / ಆಫ್‌ಲೈನ್ XML
ಸಾಕ್ಷಿ ನಿರ್ವಹಣಾಕಾರಿ ಮಾತ್ರ ಬಳಸಬೇಕು.

Aadhaar is proof of identity, not of citizenship or date of
birth. It should be used only with verification (online
authentication or scanning of QR code / offline XML)

4057 3991 3759

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

- Aadhaar is proof of identity, not of citizenship or date of birth (DOB).
DOB is based on information supported by proof of DOB document
specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online
authentication by UIDAI-appointed authentication agency or QR code
scanning using mAadhaar or Aadhaar QR Scanner app available in
app stores or using secure QR code reader app available on
www.uidai.gov.in.
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in
Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-
Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure
security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent.



ಭಾರತೀಯ ಏಕೀಕೃತ ಗುರುತು ಪ್ರಾಧಿಕಾರ

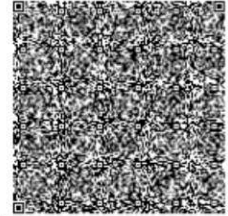
Unique Identification Authority of India



Details as on: 08/11/2020

ವಿಳಾಸ:
ಇಂದಿ / ಹಾಯೆಯ ಹೆಸರು: ಬಸಪ್ಪ ಹೊಸೂರ್, ಹೊಸೂರು,
ಚಿಕ್ಕಬಳ್ಳಾಪುರ,
ಕರ್ನಾಟಕ - 561210

Address:
S/O: Basappa, Hosur, PO: Hosur, DIST:
Chikballapur,
Karnataka - 561210



4057 3991 3759

VID : 9145 3522 4317 2405

barcode image

1947

help@uidai.gov.in

www.uidai.gov.in



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



Name/ नाम

Lakshminarayana.B

लक्ष्मिनारायण.बी

Abha Number/ आभा संख्या

91-5621-2378-4281

Abha Address/ आभा पता

91562123784281@abdm



Gender/ लिंग
Male / पुरुष

Date Of Birth/ जन्म तिथि
15-07-1986

Mobile/ मोबाइल
-



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



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 - safeguarding all your digital health records at one place.
आभा आपको एक विशिष्ट पहचान प्रदान करता है और आपके सभी डिजिटल स्वास्थ्य रिकॉर्ड को सुरक्षित एवं ही स्थान पर संग्रहीत मदद करता है।
- You can download the ABHA mobile app, Aarogya Setu or other ABDM enabled app to view and share digital health records with ABDM registered healthcare service providers.
आप एबीडीएम एंजलित स्वास्थ्य सेवा प्रदाताओं के साथ अपने डिजिटल स्वास्थ्य रिकॉर्ड देखने और साझा करने के लिए आभा मोबाइल ऐप या अन्य एबीडीएम एंजलित 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।

