



FORM NO. 93

[See rule 158]

Application for Allotment of Permanent Account Number

[For an Individual being a Citizen of India]

U-A121861608

Sr. No.

PART A - Personal Information

1. A. Name

First Name

BANDEB

Middle Name

Last Name

BHANDAR

B. Name (as per Aadhaar)

BANDEB BHANDAR

2. Gender (select one)

Male Female Transgender

3. Date of Birth

12 07 1986

4. Aadhaar Number

438992227267

5. Residence Address

Flat/Door/Building

C10 - MADAN BHANDAR

Road/Street/Block/Sector

ANKUR

Post Office

KIRNAR

Area/Locality/Town/City

NANOR

District

BORHAN

State/Union Territory

WB

Country/Region

IND

PIN / ZIP CODE

731302

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

91

Mobile Number

9749866415

(ii) Email ID

mahanhossen@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

MADAN

Father's Middle Name

Father's Last Name

BHANDAR

14. Mother's First Name

LILA

Mother's Middle Name

Mother's Last Name

BHANDARI

15. Name of parent to be printed on Permanent Account Number card (select one)

Tick

Father

Tick

Mother

PART D - Assessing Officer (AO Code)

16. Assessing Officer (AO Code)

(i) Area Code

WBG

(ii) AO Type

W

(iii) Range Code

201

(iv) AO No.

92

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)

Tick

Residence Address

Tick

Representative Assessee Address

Tick

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

Tick

(i) Proof of Identity

Tick

(ii) Proof of Address

Tick

(iii) Proof of Date of Birth

24. Documents submitted as Proof of Identity, Proof of Address of Representative Assessee

Tick

(i) Proof of Identity

Tick

(ii) Proof of Address

Verification & Declaration

a. I, Banded Bhandari 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

Date

Mumbai

25/06/2021

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

Name: BANDEB BHANDARI

CBIP



ভারত সরকার

Unique Identification Authority of India

Government of India

তালিকাভুক্তির আই ডি / Enrollment No.: 2189/68510/57555

To
BAMDEB BHANDARI
BAMDEB BHANDARI
S/O Madan Bhandari
Akupur
Akupukur
Kirnahar
Nanoor Birbhum
West Bengal 731302
8001291964

16/09/2014
80321585



MD803215855FH



আপনার আধার সংখ্যা / Your Aadhaar No. :

4389 9222 7267

আমার আধার, আমার পরিচয়



ভারত সরকার
Government of India



BAMDEB BHANDARI
BAMDEB BHANDARI
পিতা : MADAN BHANDARI
Father : MADAN BHANDARI
জন্মতারিখ / DOB : 17/07/1986
পুরুষ / Male



4389 9222 7267

আমার আধার, আমার পরিচয়

আমার আধার, আমার পরিচয়



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



Name/ नाम
BAMDEB BHANDARI

Abha Number/ खाता नम्बर
91-1647-7025-5531

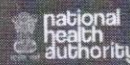
Abha Address/ खाता पता
bamdem1986@abdm



Gender/ लिंग
Male / पुरुष

Date Of Birth/ जन्मदिनांक
17-07-1986

Mobile/ मोबाइल
8001291964



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



Instructions

Toll-Free Number: 1800 114 477

- With this ABHA you have become a part of India's digital health ecosystem.
इस अभा 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 में स्वीकार्य है।

आयुष्मान भारत स्वास्थ्य खाता (अभा)