

**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

C H A I T R A

Middle Name

Last Name

Y A R A J E R I

B. Name (as per Aadhaar)

C H A I T R A Y A R A J E R I

2. Gender (select one)

Male

Female

Transgender

3. Date of Birth

2 5

1 2

2 0 1 0

4. Aadhaar Number

5 8 2 0 4 6 8 5 2 8 1 3

5. Residence Address

Flat/Door/Building

C / O C H A N N A P P A Y A R A J E R I

Road/Street/Block/Sector

B A I C H B A L

Post Office

B A I C H B A L

Area/Locality/Town/City

T Q H U N A S A G I

District

Y A D G I R

State/Union Territory

KARNATAKA

Country/Region

I N D I A

PIN / ZIP CODE

5 8 5 2 9 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

9 7 4 1 6 9 1 7 1 9

(ii) Email ID

utireddy@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

C H A N N A P P A

Father's Middle Name

Father's Last Name

Y A R A J E R I

14. Mother's First Name	
Mother's Middle Name	
Mother's Last Name	R E N U K 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	4 2 1	(iv) AO No.	5

PART E - Representative Assessee, if applicable

17. RA's First Name	C H A N N A P P A
RA's Middle Name	
RA's Last Name	Y A R A J E R I

18. Permanent Account Number (if any)

19. Aadhaar Number (if Permanent Account Number is not available) 2 1 9 8 5 6 9 6 7 3 6 9

20. Representative Assessee Address

Flat/Door/Building	C / O	C H A N N A P P A	Y A R A J E R I
Road/Street/Block/Sector	B A I C H B A L		
Post Office	T Q	H U N A S A G I	
Area/Locality/Town/City	T Q	H U N A S A G I	
District	Y A D G I R		
State/Union Territory	KARNATAKA	Country/Region	INDIA
		PIN / ZIP CODE	5 8 5 2 9 0

21. Contact Details

(i) Mobile Number	Country Code	9 1	Mobile Number	9 7 4 1 6 9 1 7 1 9
(ii) Email ID	utireddy@gmail.com			
(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

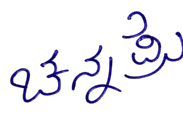
(i) Proof of Identity (ii) Proof of Address (iii) Proof of Date of Birth

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

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

Verification & Declaration

CHAITRA YARAJERI
a. I,, in the capacity of **REPRESENTATIVE ASSESSEE** (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, **YADGIR**
Date, **15/06/2026**



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

Name: CHAITRA YARAJERI

Designation: REPRESENTATIVE ASSESSEE



ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

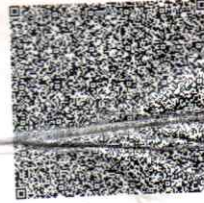
ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No. : 0804/16167/85549

To
Chaitra Yarajeri
ಚೈತ್ರಾ ಯರಜೇರಿ
D/O: Channappa Yarajeri,
VTC: Baichbal, PO: Baichbal,
Sub District: Shorapur, District: Yadgir,
State: Karnataka, PIN Code: 585290,
Mobile: 9741691719

71538447



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ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

5820 4685 2813

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India



Issue Date: 31/05/2016



ಚೈತ್ರಾ ಯರಜೇರಿ
Chaitra Yarajeri
ಜನ್ಮ ದಿನಾಂಕ / DOB: 25/12/2010
ಸ್ತ್ರೀ / Female

5820 4685 2813

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಕರ್ನಾಟಕ ಸರ್ಕಾರ
GOVERNMENT OF KARNATAKA
ಜನನ ಮತ್ತು ಮರಣಗಳ ಮುಖ್ಯ ದಿವ್ಯಾಳಯ
Chief Registrar of Births and Deaths



ಜನನ ಪ್ರಮಾಣ ಪತ್ರ

ಇದು ಈ ಕೆಳಕಂಡಂತಿರುವ 1969ರ 12/17 ನೇಮ ಪ್ರಕಾರ ಖಾಸು ಕ ರ ಮ ನೋ ನಿಯಮಗಳು, 1999ರ ನಿಯಮ 8(1) ರ ಮಾರ್ಗ ಕ್ರಮವು

BIRTH CERTIFICATE

(Issued Under Section 12/17 of the RBD Act 1969 and Rule 8(1) of the KRBD Rules, 1999)

ಈ ಕೆಳಕಂಡ ವಿವರವನ್ನು ಕರ್ನಾಟಕ ರಾಜ್ಯದ ಬಿಜಾಪುರ ಜಿಲ್ಲೆಯ ಬಿಜಾಪುರ ತಾಲ್ಲೂಕಿನ ಬಿಜಾಪುರ (ಗ್ರಾಮ/ಪಟ್ಟಣ) ರ ದಿವ್ಯದಿವ್ಯಾಳಯದ ಜನನ ನಿಯಂತ್ರಣದ ಮೂಲ ದಾಖಲೆಯಿಂದ ತೆಗೆದುಕೊಳ್ಳಲಾಗಿರುವುದು ಪ್ರಮಾಣೀಕರಿಸಲಾಗಿದೆ

This is to certify that the following information has been taken from the original record of birth which is the register for BIJAPUR (village / town) of BIJAPUR taluk of Bijapur district of Karnataka state.

1) ಹೆಸರು Name <u>ಶೈಲ್ಪಾ</u>	2) ಲಿಂಗ Sex <u>Female</u>
3) ಜನನದ ದಿನಾಂಕ Date of Birth <u>24/12/2010</u>	4) ಜನನ ಸ್ಥಳ Place of Birth <u>Hospital - Dr. Suguna R. Kumar Hospital, Bijapur</u>
5) ತಾಯಿಯ ಹೆಸರು Name of Mother <u>ಶಿವಾಜಿ</u>	6) ತಂದೆಯ ಹೆಸರು Name of Father <u>ಶಿವಪ್ಪ ಎರಡರ</u>
7) ಮಗುವಿನ ಜನನದ ಸಮಯದಲ್ಲಿ ತಂದೆತಾಯಿಯರ ವಿಳಾಸ Address of parents at the time of birth of the child <u>ಬಿಜಾಪುರ ... ಬಿಜಾಪುರ (D), KARNATAKA</u>	8) ದೀರ್ಘ ತಾಯಿಯ ವಿಳಾಸ Permanent address of parents <u>ಶಿವಪ್ಪ ಎರಡರ (D), ಬಿಜಾಪುರ (D), KARNATAKA</u>
9) ನೋಂದಣಿ ಸಂಖ್ಯೆ Registration Number <u>1010 B 14259</u>	10) ನೋಂದಣಿಯ ದಿನಾಂಕ Date of Registration <u>31/12/2010</u>
11) ಉಪ-ವಿವರಣೆ (ಯಾವುದೇ ಸಂದರ್ಭದಲ್ಲಿ) Remarks (if any)	12) ಪ್ರಮಾಣ ಪತ್ರ ನೀಡಿದ ದಿನಾಂಕ Date of Issue <u>14/02/2011</u>
13) ದಿವ್ಯಾಳಯದ ವ್ಯಕ್ತಿ ಹೆಸರು ಮತ್ತು ವಿಳಾಸ Signature of issuing Authority	14) ದಿವ್ಯಾಳಯದ ವ್ಯಕ್ತಿ ಹೆಸರು ಮತ್ತು ವಿಳಾಸ Address of issuing Authority



.....
ಹೆಸರು / Seal

"ಒಂದು ಜನನ ಮತ್ತು ಮರಣದ ಪ್ರತಿ ದಿನಾಂಕವನ್ನು ದಾಖಲಿಸುವುದು"
"Ensure registration of every Birth and Death"



सत्यमेव जयते
भारत सरकार



आधार

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No. : 0804/16167/85334

To
Channappa
ಚನ್ನಪ್ಪ
S/O:-Anappa,
grāma baichbal taluka surpur,
VTC: Baichbal, PO: Baichbal,
Sub District: Shorapur, District: Yadgir,
State: Karnataka, PIN Code: 585290,
Mobile: 9741691719

63570943



KF635709437FI



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

2198 5696 7369

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India



ಆಧಾರ್

Issue Date: 16/09/2014



ಚನ್ನಪ್ಪ
Channappa
ಜನ್ಮ ದಿನಾಂಕ / DOB: 01/01/1988
ಪುರುಷ / Male

2198 5696 7369

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು