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	SANJANA

B. Name *(as per Aadhaar)*

	SANJANA

2. Gender *(select one)* — Tick Male | Tick ✓ Female | Tick Transgender

3. Date of Birth 03 05 2006

4. Aadhaar Number 786776234239

5. Residence Address

Flat/Door/Building	RANGANA KOPPALU
Road/Street/Block/Sector	MADIHALLI HOBLLI, RANGAN
Post Office	ANDALE
Area/Locality/Town/City	ANDALE
District	HASAN
State/Union Territory	KARNATAKA
Country/Region	INDIA
PIN / ZIP CODE	573216

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)* — Tick ✓ Resident | Tick Non Resident | Tick 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	9632489315
(ii) Email ID	colorsnetzone@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)*

Tick Salary | Tick Income from Business/Profession | Tick Income from House Property

Tick Capital Gains | Tick ✓ Income from Other Sources | Tick No Income

PART C - Details of Parents

12. Whether mother/father is a single parent? *(select one)* — Tick Yes | Tick ✓ No

13. Father's First Name	
Father's Middle Name	
Father's Last Name	MARULAPPA

14. Mother's First Name	
Mother's Middle Name	
Mother's Last Name	M A M A T H 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: 3 2 1
(iv) AO No.: 9 2

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

a. I, SANJANA……., 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. HASAN

Date.. 19/06/2026

Sanjana

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

Name: SANJANA

Designation: AUTHORIZED PERSON

सत्यमेव जयते
भारत सरकार

आधार

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಾವಣಿ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No. : 0804/16318/13896

To
Sanjana
ಸಂಜನ
D/O: Marulappa,
Madihalli Hoblli,
Rangana koppalu village,
VTC: Andale, PO: Andale,
Sub District: Belur, District: Hasan,
State: Karnataka, PIN Code: 573216,
Mobile: 9632489315

31193458

KG311934685FI

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

7867 7623 4239

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಆಧಾರ್

Issue Date: 26/09/2013

ಸಂಜನ
Sanjana
ಜನ್ಮ ದಿನಾಂಕ / DOB: 03/05/2006
ಸ್ತ್ರೀ / Female

7867 7623 4239

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ನಂ.
No.

ನಮೂನೆ – 5
Form – 5

ಕರ್ನಾಟಕ ಸರ್ಕಾರ

GOVERNMENT OF KARNATAKA

ಜನನ ಮತ್ತು ಮರಣಗಳ ಮುಖ್ಯ ರಿಜಿಸ್ಟ್ರಾರರು

Chief Registrar of Births and Deaths

ಜನನ ಪ್ರಮಾಣ ಪತ್ರ

(ಜ.ಮ.ನೋ ಅಧಿನಿಯಮ,1969ರ 12/17 ನೆಯ ಪ್ರಕರಣ ಹಾಗೂ ಕ.ಜ.ಮ.ನೋ.ನಿಯಮಗಳು, 1999 ರ ನಿಯಮ 8/13 ರ ಮೇರೆಗೆ ಕೊಡಲಾದ)

BIRTH CERTIFICATE

(Issued Under Section 12/17 of the RBDAct, 1969 and Rule 8/13 of the KRBD Rules, 1999)

ಈ ಕೆಳಕಂಡ ವಿವರಣೆಯನ್ನು ಕರ್ನಾಟಕ ರಾಜ್ಯದ ಹಾಸನ ಜಿಲ್ಲೆಯ ಹಾಸನ ತಾಲ್ಲೂಕಿನ ಎ.ಮಲ್ಲಿ. (ಗ್ರಾಮ/ಪಟ್ಟಣ)ದ ರಿಜಿಸ್ಟರಿನಲ್ಲಿರುವ ಜನನ ಸಂಬಂಧವಾದ ಮೂಲ ದಾಖಲೆಯಿಂದ ತೆಗೆದುಕೊಳ್ಳಲಾಗಿದೆಯಂದು ಪ್ರಮಾಣೀಕರಿಸಲಾಗಿದೆ.

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

1) ಹೆಸರು
Name ..ಶಿಜನ.....

2) ಲಿಂಗ
Sex .....ಹೆಣ್ಣು.....

3) ಜನನವಾದ ತಾರೀಖು
Date of Birth ....03/05/2006...

4) ಜನಿಸಿದ ಸ್ಥಳ
Place of Birth ಎಕ್ಕಡಿ...ಚಿಕ್ಕಮ್ಮ, ಹಾಸನ

5) ತಾಯಿಯ ಹೆಸರು
Name of Mother ..ಮಮತ.....

6) ತಂದೆಯ ಹೆಸರು
Name of Father ಮಂಜುಶ್ರೀ.....

7) ಮಗುವಿನ ಜನನದ ಸಮಯದಲ್ಲಿ ತಂದೆತಾಯಿಯರ ವಿಳಾಸ:
Address of parents at the time of birth of the child:
.....
.....
.....

8) ತಂದೆತಾಯಿಯರ ಖಾಯಂ ವಿಳಾಸ
Permanent address of parents:
.....
.....
.....

9) ನೋಂದಣಿ ಸಂಖ್ಯೆ :
Registration No. : .....3969.....

10) ನೋಂದಣಿಯಾದ ದಿನಾಂಕ:
Date of Registration :...5/6/2006

11) ಷರಾ (ಯಾವುದಾದರೂ ಇದ್ದಲ್ಲಿ)
Remarks (if any) .....

12) ಪ್ರಮಾಣಪತ್ರ ನೀಡಿದ ದಿನಾಂಕ:
Date of Issue ....21/9/2007.....

13) ಪ್ರಮಾಣ ಪತ್ರ ಕೊಡುವ ಪ್ರಾಧಿಕಾರಿಯ ಸಹಿ
Signature of Issuing Authority

.....

Registrar of Birth & Death
City Municipality, Hassan

KDMSL-UID Verified with Originals
Document Name:Hassan
Branch Name:
EMP-ID : 140
EMP-Name:KENCHARAYA SETTY B.R
EMP-Signature

14) ಪ್ರಮಾಣ ಪತ್ರ ಕೊಡುವ ಪ್ರಾಧಿಕಾರಿಯ ವಿಳಾಸ
Address of the issuing authority
.....

ನಗರ ಸಭಾ ಹಾಸನ ನಂ. ಕಂದಾಯ ಶಾಖೆ Seal

"ಪ್ರತಿಯೊಂದು ಜನನ ಮತ್ತು ಮರಣದ ನೋಂದಣಿಯನ್ನು ಖಚಿತಪಡಿಸಿಕೊಳ್ಳಿ".

"Ensure registration of every birth and death"

WD No. 02330 4,00,000 Sheets. GSPR-59