



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

S A N J A N A

B. Name (as per Aadhaar)

S A N J A N A

2. Gender (select one)

Tick

Male

Tick

Female

Tick

Transgender

3. Date of Birth

0

3

0

5

2

0

0

6

4. Aadhaar Number

7

8

6

7

7

6

2

3

4

2

3

9

5. Residence Address

Flat/Door/Building

R

A

N

G

A

N

A

K

O

P

P

A

L

U

Road/Street/Block/Sector

M

A

D

I

H

A

L

L

I

H

O

B

L

L

I

,

R

A

N

G

A

N

Post Office

A

N

D

A

L

E

Area/Locality/Town/City

A

N

D

A

L

E

District

H

A

S

A

N

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

7

3

2

1

6

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

9

1

Mobile Number

9

6

3

2

4

8

9

3

1

5

(ii) Email ID

colorsnetwork@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

M

A

R

U

L

A

P

P

A

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

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

[illegible]

18. Permanent Account Number (if any)

--	--	--	--	--	--	--	--	--

[illegible]

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				

22. Address for Communication (select one) ☒ Residence Address ☐ Representative Assessee Address ☐ Office Address

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

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

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SANJANA
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.**HASAN**
Date.. **19/06/2026**

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

Name: SANJANA

Designation: **AUTHORIZED PERSON**



ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

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

To

Sanjana

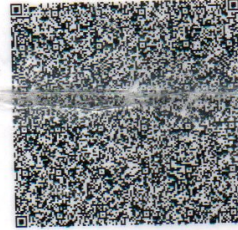
ಸಂಜನಾ

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



KG311934585F1



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

7867 7623 4239

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India



Issue Date: 26/09/2013



ಸಂಜನಾ

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 RBD Act, 1969 and Rule 8/13 of the KRBD Rules, 1999)

ಈ ಕೆಳಕಂಡ ವಿವರಗಳನ್ನು ಕರ್ನಾಟಕ ರಾಜ್ಯದ _____ ಜಿಲ್ಲೆಯ _____ ತಾಲ್ಲೂಕಿನ
_____ (ಗ್ರಾಮ/ಪಟ್ಟಣ)ದ ರಿಜಿಸ್ಟ್ರಾರನಲ್ಲಿರುವ ಜನನ ಸಂಬಂಧವಾದ ಮೂಲ ದಾಖಲೆಯಿಂದ
ತೆಗೆದುಕೊಳ್ಳಲಾಗಿದೆಯೆಂದು 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) oftaluk of
.....district of Karnataka State.

- | | |
|--|---|
| 1) ಹೆಸರು
Name | 2) ಲಿಂಗ
Sex |
| 3) ಜನನವಾದ ತಾರೀಖು
Date of Birth | 4) ಜನಿಸಿದ ಸ್ಥಳ
Place of Birth |
| 5) ತಾಯಿಯ ಹೆಸರು
Name of Mother | 6) ತಂದೆಯ ಹೆಸರು
Name of Father |
| 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. : | 10) ನೋಂದಣಿಯಾದ ದಿನಾಂಕ:
Date of Registration : |
| 11) ಷರಾ (ಯಾವುದಾದರೂ ಇದ್ದಲ್ಲಿ)
Remarks (if any) | 12) ಪ್ರಮಾಣಪತ್ರ ನೀಡಿದ ದಿನಾಂಕ:
Date of Issue : |
| 13) ಪ್ರಮಾಣ ಪತ್ರ ಕೊಡುವ ಪ್ರಾಧಿಕಾರಿಯ ಸಹಿ
Signature of Issuing Authority | 14) ಪ್ರಮಾಣ ಪತ್ರ ಕೊಡುವ ಪ್ರಾಧಿಕಾರಿಯ ವಿಳಾಸ
Address of the issuing authority |

Registrar of Birth & Death, Hassan
Verified with Originals
Branch Name: Hassan
EMP-ID: 140
EMP-Name: KENCHARAYA SETTY B.R.



"ಪ್ರತಿಬಾಂಧು ಜನನ ಮತ್ತು ಮರಣದ ನೋಂದಣಿಯನ್ನು ಖಚಿತಪಡಿಸಿಕೊಳ್ಳಿ".
"Ensure registration of every birth and death"