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	MEGHANA
Middle Name	
Last Name	SHIVANNA

B. Name *(as per Aadhaar)*

	MEGHANA S

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

3. Date of Birth — 20 / 03 / 2008

4. Aadhaar Number — 851434386582

5. Residence Address

Flat/Door/Building	KADUR TALUK
Road/Street/Block/Sector	HIRENALLURU VILLAGE
Post Office	HIRENALLUR POST
Area/Locality/Town/City	HIRENALLURU
District	CHIKKAMAGALURU
State/Union Territory	KARNATAKA
Country/Region	INDIA
PIN / ZIP CODE	577550

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	7899713408
(ii) Email ID	meghana6399@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 — SHIVANNA

Father's Middle Name — HIRENALLUR

Father's Last Name — PUTTAPPA

14.	**Mother's First Name**	P R E M A
	Mother's Middle Name	S I N G A N A H A L L I
	Mother's Last Name	C H A N D R A P P A

15. **Name of parent to be printed on Permanent Account Number card** *(select one)* ☑ Father ☐ Tick 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)* ☐ 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, MEGHANA S, 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. CHIKKAMAGALURU

Date. 24/06/2026

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

Name: MEGHANA S

Designation: AUTHORIZED PERSON

सत्यमेव जयते
भारत सरकार

आधार

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 0221/00435/00658

To
ಮೇಘನ ಎಸ್
Meghana S
D/O Shivanna H P,
Hirenalluru village,
Kaduru taluku,
VTC: Hirenalluru,
PO: Hirenallur,
District: Chikkamagaluru,
State: Karnataka,
PIN Code: 577550
Mobile: 7899713408

Signature valid
Digitally signed by UIDAI Unique Identification Authority of India
06
Date: 2026.[illegible]1 18:42:34 IST

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

8514 3438 6582

VID : 9148 3618 5699 2018

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ಭಾರತ ಸರ್ಕಾರ
Government of India

Aadhaar no. issued: 09/06/2015

ಮೇಘನ ಎಸ್
Meghana S
ಜನ್ಮ ದಿನಾಂಕ/DOB: 20/03/2008
ಸ್ತ್ರೀ/ FEMALE

ಆಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯಾಗಿದೆ, ಪೌರತ್ವ ಅಥವಾ ಜನ್ಮ ದಿನಾಂಕದ ಪುರಾವೆ ಅಲ್ಲ. ಇದನ್ನು ಆನ್‌ಲೈನ್ ದೃಢೀಕರಣ ಅಥವಾ QR ಕೋಡ್ / ಆಫ್‌ಲೈನ್ XML ಸ್ಕ್ಯಾನಿಂಗ್‌ನೊಂದಿಗೆ 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)

8514 3438 6582

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रजि. नं. Regn.No. K124/46878/0017

REVISED

Meghana S
07-07-2022

केन्द्रीय माध्यमिक शिक्षा बोर्ड
CENTRAL BOARD OF SECONDARY EDUCATION

अंक विवरणिका सह प्रमाण पत्र
MARKS STATEMENT CUM CERTIFICATE

माध्यमिक विद्यालय परीक्षा, 2024
SECONDARY SCHOOL EXAMINATION, 2024

यह प्रमाणित किया जाता है कि
This is to certify that **MEGHANA S**

अनुक्रमांक
Roll No. **18165160**

माता का नाम
Mother's Name **PREMA S C**

पिता/संरक्षक का नाम
Father's / Guardian's Name **SHIVANNA H P**

जन्म तिथि
Date of Birth **20-03-2008 20TH MARCH TWO THOUSAND EIGHT**

विद्यालय
School **46878-TIMES GURUKULA SCHOOL YADIYURU HASSAN KK**

की शैक्षणिक उपलब्धियां निम्नानुसार हैं has achieved Scholastic Achievements as under :

विषय कोड SUB. CODE	विषय SUBJECT	प्राप्तांक MARKS OBTAINED				स्थितीय ग्रेड POSITIONAL GRADE
		लिखित THEORY	आं.मू. I.A./ प्रा. PR.	योग TOTAL	योग (शब्दों में) TOTAL (IN WORDS)	
184	ENGLISH LNG & LIT.	061	020	081	EIGHTY ONE	B1
015	KANNADA	050	020	070	SEVENTY	C2
041	MATHEMATICS STANDARD	028	020	048	FORTY EIGHT	C2
086	SCIENCE	028	020	048	FORTY EIGHT	C2
087	SOCIAL SCIENCE	053	020	073	SEVENTY THREE	B2

परिणाम Result **PASS**

परीक्षा नियंत्रक
Controller of Examinations

दिल्ली Delhi
दिनांक Dated : **13-05-2024/25-04-2025**

सह-शैक्षणिक उपलब्धियां : सह-शैक्षणिक एवम् अनुशासन क्षेत्र में ग्रेडिंग विद्यालय द्वारा अपने स्तर पर बोर्ड द्वारा जारी प्रारूपनुसार प्रदान की जाती है।
Co-Scholastic achievements : Grading for Co-Scholastic and Discipline area is being issued by the school as per format prescribed by the Board.