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	BHUVANA
Middle Name	CHIKKONDIHALLI
Last Name	MARULASIDDAPPA

B. Name *(as per Aadhaar)*

BHUVANA C M

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

3. Date of Birth 21 09 2007

4. Aadhaar Number 556713096864

5. Residence Address

Flat/Door/Building	C/O MARULASIDDAPPA C G
Road/Street/Block/Sector	CHIKKONDIHALLI
Post Office	SATHANGERE
Area/Locality/Town/City	ARASIKERE, SATHANAGERE
District	HASSAN
State/Union Territory	KARNATAKA
Country/Region	INDIA
PIN / ZIP CODE	573144

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	7259605111
(ii) Email ID		snsdmk0413@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	MARULASIDDAPPA
Father's Middle Name	CHIKKONDIHALLI
Father's Last Name	GURUVANNAIAH

14.	**Mother's First Name**	SOWBHAGYA
	Mother's Middle Name	VADERAHALLI
	Mother's Last Name	MAHESHWARAPPA

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: KAR (ii) AO Type: W
(iii) Range Code: 321 (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, BHUVANA C M, 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. HASSAN

Date.. 25/06/2026

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

Name: BHUVANA C M

Designation: AUTHORIZED PERSON

सत्यमेव जयते
भारत सरकार

आधार

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ / Enrollment No.: 0804/96421/00785

To
ಭುವನ ಸಿ ಎಮ್
Bhuvana C M
C/O: Marulasiddappa C G,
Chikkondihalli, Arasikere,
VTC: Sathanagere,
PO: Sathangere,
Sub District: Arasikere, District: Hassan,
State: Karnataka,
PIN Code: 573144,
Mobile: 7259605111

287352160

MH873521605FL

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

5567 1309 6864

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಆಧಾರ್

Aadhaar no. issued: 17/10/2013

ಭುವನ ಸಿ ಎಮ್
Bhuvana C M
ಜನ್ಮ ದಿನಾಂಕ / DOB : 21/09/2007
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)

5567 1309 6864

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Regn No. K124/49037/0036

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 **BHUVANA C M**

अनुक्रमांक
Roll No. **18165433**

माता का नाम
Mother's Name **SOWBHAGYA V M**

पिता/संरक्षक का नाम
Father's / Guardian's Name **MARULASIDDAPPA C G**

जन्म तिथि
Date of Birth **21-09-2007 21ST SEPTEMBER TWO THOUSAND SEVEN**

विद्यालय
School **49037-PM SHRI SCHOOL J N V MAVINAKERE HASSAN DIST. 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. IA/ प्रा. PR.	योग TOTAL	योग (शब्दों में) TOTAL (IN WORDS)	
184	ENGLISH LNG & LIT.	064	020	084	EIGHTY FOUR	A2
015	KANNADA	078	020	098	NINETY EIGHT	A1
041	MATHEMATICS STANDARD	075	020	095	NINETY FIVE	A1
086	SCIENCE	075	020	095	NINETY FIVE	A1
087	SOCIAL SCIENCE	073	020	093	NINETY THREE	A1
	ADDITIONAL SUBJECT					
402	INFORMATION TECHNOLOGY	039	048	087	EIGHTY SEVEN	A2
085	HINDI COURSE-B	067	020	087	EIGHTY SEVEN	B1

परिणाम Result **PASS**

दिल्ली Delhi
दिनांक Dated : **13-05-2024**

परीक्षा निदेशक
Controller of Examinations

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