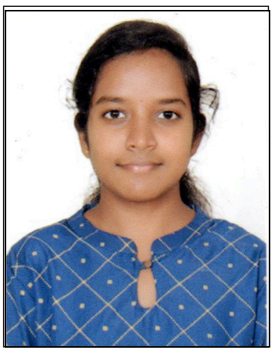
FORM NO. 93

[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	YASHASWINI
Middle Name	HENNURUKONGALALE
Last Name	DEVARAJU

B. Name *(as per Aadhaar)*

YASHASWINI H D

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

3. Date of Birth — 29 07 2005

4. Aadhaar Number — 612582744293

5. Residence Address

Flat/Door/Building	#41
Road/Street/Block/Sector	HENNURU KONGALALE
Post Office	DODDABEMMATHI
Area/Locality/Town/City	ARAKALAGUDU TALLUKU, DOD
District	HASSAN
State/Union Territory	KARNATAKA
Country/Region	INDIA
PIN / ZIP CODE	573130

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 | 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	9900660092
(ii) Email ID	cyberspot2018@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 | ✓ Income from Other Sources | Tick No Income

PART C - Details of Parents

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

13. Father's First Name	DEVARAJU
Father's Middle Name	HENNURUKONGALALE
Father's Last Name	DEVAIAH

14.	**Mother's First Name**	S H O B H A
	Mother's Middle Name	H E N N U R U K O N G A L A L E
	Mother's Last Name	E R A I A H

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)* ☑ 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, YASHASWINI H D, 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

Yashaswini.HD

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

Name: YASHASWINI H D

Designation: AUTHORIZED PERSON

ಭಾರತ ಸರ್ಕಾರ

Government of India

ಯಶಸ್ವಿನಿ ಹೆಚ್ ಡಿ

Yashaswini H D

ಜನ್ಮ ದಿನಾಂಕ/DOB: 29/07/2005

ಸ್ತ್ರೀ/ FEMALE

9900660092

6125 8274 4293

VID : 9153 0719 8261 8412

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

Unique Identification Authority of India

ಆಧಾರ್

ವಿಳಾಸ:
D/O: ಹೆಚ್ ಡಿ ದೇವರಾಜ, #41, ಹೆಣ್ಣೂರು ಕೊಂಗಳಲೆ,
ಅರಕಲಗೂಡು ತಾಲ್ಲೂಕು, ದೊಡ್ಡಬೆಮ್ಮತ್ತಿ, ಹಾಸನ,
ಕರ್ನಾಟಕ - 573130

Address:
D/O: H D Devaraja, #41, Hennuru Kongalale,
Arakalagudu Talluku, Doddabemmathi, Hasan,
Karnataka - 573130

Download Date: 27/03/2023

6125 8274 4293

VID : 9153 0719 8261 8412

1947 | help@uidai.gov.in | www.uidai.gov.in

21415287

YLL04770

ಕರ್ನಾಟಕ ಸರ್ಕಾರ

GOVERNMENT OF KARNATAKA

ಕರ್ನಾಟಕ ಪ್ರೌಢ ಶಿಕ್ಷಣ ಪರೀಕ್ಷಾ ಮಂಡಳಿ

Karnataka Secondary Education Examination Board

ಅಂಕ ಪಟ್ಟಿ ಹಾಗೂ ಪ್ರಮಾಣ ಪತ್ರ / Marks Statement cum Certificate

ಈ ಕೆಳಗೆ ನಮೂದಿತ ಅಭ್ಯರ್ಥಿಯು ಎಸ್.ಎಸ್.ಎಲ್.ಸಿ. ಪರೀಕ್ಷೆಯಲ್ಲಿ ತೇರ್ಗಡೆಯಾಗಿರುವುದನ್ನು ಪ್ರಮಾಣೀಕರಿಸಿದೆ.

This is to certify that the below mentioned candidate has passed S.S.L.C. Examination.

004751858

ನೋಂದಣಿ ಸಂಖ್ಯೆ / Register No. : 20210360347	ತಿಂಗಳು - ವರ್ಷ / Month - Year : JULY-2021
ಶಿಕ್ಷಣ ಮಾಧ್ಯಮ / Medium of Instruction : ENGLISH	ಅಭ್ಯರ್ಥಿ ಬಗೆ / Candidate Type : CCE REGULAR FRESH

ಹೆಸರು / Name : YASHASWINI H D

ತಂದೆಯ ಹೆಸರು / Father's Name : DEVARAJU H D

ತಾಯಿಯ ಹೆಸರು / Mother's Name : SHOBHA H E

ಜನ್ಮ ದಿನಾಂಕ / Date of Birth : 29-07-2005 TWENTY-NINTH - JULY - TWO THOUSAND FIVE	ಲಿಂಗ / Gender : GIRL

ಭಾಗ – ಎ / PART - A

ಶೈಕ್ಷಣಿಕ ವಿಷಯಗಳು SCHOLASTIC SUBJECTS	ಬಾಹ್ಯ ಪರೀಕ್ಷೆ EXTERNAL EXAMINATION			ಆಂತರಿಕ ಮೌಲ್ಯಮಾಪನ INTERNAL ASSESSMENT		ಒಟ್ಟು ಅಂಕಗಳು TOTAL MARKS			
	ಗರಿಷ್ಠ ಅಂಕಗಳು MAX. MARKS	ಕನಿಷ್ಠ ಅಂಕಗಳು MIN. MARKS	ಗಳಿಸಿದ ಅಂಕಗಳು MARKS OBTAINED	ಗರಿಷ್ಠ ಅಂಕಗಳು MAX. MARKS	ಗಳಿಸಿದ ಅಂಕಗಳು MARKS OBTAINED	ಗರಿಷ್ಠ ಅಂಕಗಳು MAX. MARKS	ಕನಿಷ್ಠ ಅಂಕಗಳು MIN. MARKS	ಒಟ್ಟು ಅಂಕಗಳು TOTAL MARKS	ಶ್ರೇಣಿ GRADE
ಪ್ರಥಮ ಭಾಷೆ / FIRST LANGUAGE : KANNADA	100	35	93	25	25	125	44	118	A+
ದ್ವಿತೀಯ ಭಾಷೆ / SECOND LANGUAGE : ENGLISH	80	28	70	20	20	100	35	90	A+
ತೃತೀಯ ಭಾಷೆ / THIRD LANGUAGE : HINDI	80	28	68	20	20	100	35	88	A
ಗಣಿತ / MATHEMATICS	80	28	56	20	20	100	35	76	B
ವಿಜ್ಞಾನ / SCIENCE	80	28	52	20	20	100	35	72	B
ಸಮಾಜ ವಿಜ್ಞಾನ / SOCIAL SCIENCE	80	28	66	20	20	100	35	86	A
ಒಟ್ಟು ಅಂಕಗಳು / TOTAL MARKS :	500	175	405	125	125	625	219	530	ಸಿಜಿಪಿ / CGA : A

ಗಳಿಸಿದ ಒಟ್ಟು ಅಂಕಗಳು (ಅಕ್ಷರಗಳಲ್ಲಿ) / TOTAL MARKS OBTAINED (IN WORDS) : FIVE HUNDRED THIRTY (84.8%)

ಭಾಗ – ಬಿ / PART - B

ಕ್ರ. ಸ. / Sl. No.	ಸಹ ಶೈಕ್ಷಣಿಕ ವಿಷಯಗಳು / CO-SCHOLASTIC SUBJECTS	ಶ್ರೇಣಿ / GRADE	ಕ್ರ. ಸ. / Sl. No.	ಸಹ ಶೈಕ್ಷಣಿಕ ವಿಷಯಗಳು / CO-SCHOLASTIC SUBJECTS	ಶ್ರೇಣಿ / GRADE
1.	ದೈಹಿಕ ಮತ್ತು ಆರೋಗ್ಯ ಶಿಕ್ಷಣ / PHYSICAL & HEALTH EDUCATION	A	2.	ಮನೋಭಾವ ಮತ್ತು ಮೌಲ್ಯಗಳು / ATTITUDE & VALUES	A
3.	ಕಾರ್ಯಾನುಭವ / WORK EXPERIENCE	A	4.	ಕಲಾ ಶಿಕ್ಷಣ / ART EDUCATION	A

KSEEB KSEEB KSEEB KSEEB KSEEB KSEEB KSEEB KSEEB KSEEB KSEEB KSEEB KSEEB KSEEB KSEEB

ಶಾಲಾ ಸಂಕೇತ, ಹೆಸರು ಮತ್ತು ವಿಳಾಸ / SCHOOL CODE, NAME AND ADDRESS :

LL0073

SRI CHANNAKESHAVA SWAMY HIGH SCHOOL

K R PURAM HASSAN, HASSAN DISTRICT- 573201

ಕಾರ್ಯದರ್ಶಿ

ಕರ್ನಾಟಕ ಪ್ರೌಢ ಶಿಕ್ಷಣ ಪರೀಕ್ಷಾ ಮಂಡಳಿ, ಬೆಂಗಳೂರು

SECRETARY

KARNATAKA SECONDARY EDUCATION EXAMINATION BOARD, BENGALURU

ದಿನಾಂಕ / DATE : 09.08.2021