



5315724

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

D E E K S H I T H

B. Name (as per Aadhaar)

D E E K S H I T H

2. Gender (select one)



Male



Female



Transgender

3. Date of Birth

1

8

0

9

2

0

0

8

4. Aadhaar Number

9

8

5

4

2

7

3

9

7

8

9

4

5. Residence Address

Flat/Door/Building

C

/

O

M

A

H

A

B

A

L

A

P

O

O

J

A

R

Y

Road/Street/Block/Sector

Post Office

M

A

D

A

M

A

K

K

I

Area/Locality/Town/City

H

E

B

R

I

District

U

D

U

P

I

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

7

4

2

3

1

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



Non Resident



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

7

4

1

1

2

9

1

3

1

8

(ii) Email ID

lathahegde106@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)



Salary



Income from Business/Profession



Income from House Property



Capital Gains



Income from Other Sources



No Income

PART C - Details of Parents

12. Whether mother/father is a single parent? (select one)



Yes



No

13. Father's First Name

M

A

H

A

B

A

L

A

Father's Middle Name

Father's Last Name

P

O

O

J

A

R

Y

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	5	3	1	(iv) AO No.	9	2

[illegible]

18. Permanent Account Number (if any)

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19. Aadhaar Number (if Permanent Account Number is not available)	9	8	5	4	2	7	3	9	7	8	9	4
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20. Representative Assessee Address

Flat/Door/Building	C	/	O		M	A	H	A	B	A	L	A		P	O	O	J	A	R	Y				
Road/Street/Block/Sector	H	E	B	R	I																			
Post Office	H	E	B	R	I																			
Area/Locality/Town/City	H	E	B	R	I																			
District	U	D	U	P	I																			
State/Union Territory	KARNATAKA				Country/Region				INDIA				PIN / ZIP CODE				5	7	4	2	3	1		

21. Contact Details

(i) Mobile Number	Country Code		9	1	Mobile Number	7	4	1	1	2	9	1	3	1	8	
(ii) Email ID	lathahegde106@gmail.com															
(iii) Landline No. with STD Code (<i>if any</i>)	STD Code					Landline Number										

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

☒ (i) Proof of Identity ☒ (ii) Proof of Address

DEEKSHITH

a. I, DEEKSHITH, in the capacity of REPRESENTATIVE ASSESSEE (Sell/ 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 UDUPI

Date 07/07/2026

మూలము

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

Name: DEEKSHITH

Designation: REPRESENTATIVE ASSESSEE

Keywords: child sexual abuse; disclosure; social support

ಮಗುವಿನ ಹಕ್ಕಿನ ಸಾಕ್ಷಿ
(14-20 ನವೆಂಬರ್ 2003)

Child Rights Week
(14-20 Nov. 2003)



ಕರ್ನಾಟಕ ಸರ್ಕಾರ
Government of Karnataka

ಜನನ ಮತ್ತು ಮರಣಗಳ ಮುಖ್ಯ ರಿಜಿಸ್ಟ್ರಾರರು
Chief Registrar of Births and Deaths

ಸಮೂಹ ಸಂ. 5
(ಇದೇ ನಿಯಮ ನೋಡಿ)

FORM NO. 5
(See Rule 8)

ಜನನ ಪ್ರಮಾಣ ಪತ್ರ
(12/17 ನಿಯಮ ಪ್ರಕಾರ ಮೇಲೆಗೆ ಕೊಡಲಾದ)

BIRTH CERTIFICATE

(Issued under Section 12/17)



ಈ ಕೆಳಕಂಡ ವಿವರಗಳನ್ನು ಕರ್ನಾಟಕ ರಾಜ್ಯದ ಜಿಲ್ಲೆಯ
..... ತಾಲ್ಲೂಕಿನ (ಗ್ರಾಮ/ಪಟ್ಟಣ)ದ
ರಿಜಿಸ್ಟ್ರಾರರಿರುವ 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) of
..... taluk of District of Karnataka State.

- | | | | |
|-----------------------------------|--------------------------------|--|-----------|
| 1) ಹೆಸರು
Name | ರಾ. ಶ್ರೀಶ | 2) ತಂದೆಯ ಹೆಸರು
Name of Father | ಮಹಾಬಲಪ್ಪ |
| 3) ಲಿಂಗ
Sex | ಕುಂ | 4) ತಾಯಿಯ ಹೆಸರು
Name of Mother | ಲಲಿತ |
| 5) ಜನನವಾದ ತಾರೀಖು
Date of Birth | 18-9-2008 | 6) ನೋಂದಣಿ ಸಂಖ್ಯೆ
Registration No | 98/2008 |
| 7) ಜನನವಾದ ಸ್ಥಳ
Place of Birth | ಶಿವಗಂಗಾಧರಪುರ
ಹೊಸಬತ್ತಿ 28640 | 8) ನೋಂದಣಿ ತಾರೀಖು
Date of Registration | 20-8-2008 |

ದಿನಾಂಕ : 1-10-2008
Date :

.....
ಪ್ರಮಾಣ ಪತ್ರ ಕೊಡುವ ಪ್ರಾಧಿಕಾರಿಯ ಸಹಿ
Signature of Issuing Authority
ಮೊಹರು
Seal



ಭಾರತ ಸರ್ಕಾರ
Government of India

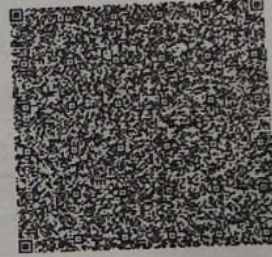
ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ಸೋದರಿ ಸಂಖ್ಯೆ / Enrolment No.: 0658/10254/06912

To
ಮಹಾಲಾ ಪೂಜಾರಿ
Mahabala Poojary
C/O: Vittala Poojary
1-102
Ablikatte
Kundapura Taluk
Belve
Udupi Karnataka - 576212
9481750736

Signature valid

Digitally signed by Mahabala Poojary
UNIQUE IDENTIFICATION
AUTHORITY OF INDIA
Date: 2013.03.15 15:57:56
IST



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

8462 2983 8274

VID : 9137 6094 4874 1197

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India



ಮಹಾಲಾ ಪೂಜಾರಿ
Mahabala Poojary
ಜನ ದಿನಾಂಕ/DOB: 06/08/1975
ಪುರುಷ/ MALE

Issue Date: 16/10/2012

8462 2983 8274

VID : 9137 6094 4874 1197

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ನ. ಕಾ. 101