



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 6 2 1 2

[illegible]

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

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

DEEKSHITH

DEEKSHITH **REPRESENTATIVE ASSESSEE**
a. I,, in the capacity of(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. **UDUPI**
Date. **07/07/2026**

మొదలు

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

Name: DEEKSHITH

Designation: REPRESENTATIVE ASSESSEE

info@indiaonline.gov.in
users@india.gov.in

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 ಉತ್ತರ ಜಿಲ್ಲೆಯ
..... ತಾಲ್ಲೂಕಿನ ಹಾಲಾಡ್ಯಾಡಿ (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 ಹಾಲಾಡ್ಯಾಡಿ (village/town) of
..... ಕುಂದಾಳಿ taluk of ಬೀದರ್ District of Karnataka State.

- | | |
|---|--|
| 1) ಹೆಸರು
Name ದೀಪ್ತಿ | 2) ತಂದೆಯ ಹೆಸರು
Name of Father ಮಹಾಬಲಪ್ಪ |
| 3) ಲಿಂಗ
Sex ಗಂಡು | 4) ತಾಯಿಯ ಹೆಸರು
Name of Mother ಬಾಲಾಜಿ |
| 5) ಜನನವಾದ ತಾರೀಖು
Date of Birth 18-9-2008 | 6) ನೋಂದಣಿ ಸಂಖ್ಯೆ
Registration No 98/2008 |
| 7) ಜನನವಾದ ಸ್ಥಳ
Place of Birth ಶ್ರೀಮಠಾಪುರ
ಬೀದರ್ ಜಿಲ್ಲೆ 20-8-2008 | 8) ನೋಂದಣಿ ತಾರೀಖು
Date of Registration 20-8-2008 |

ದಿನಾಂಕ : 1-10-2008
Date :

.....
ಜನನ ಮತ್ತು ಮರಣಗಳ ಮುಖ್ಯ ರಿಜಿಸ್ಟ್ರಾರರು
Signature of Issuing Authority
ಮೊಹರು
Seal :



ಭಾರತ ಸರ್ಕಾರ
Government of India

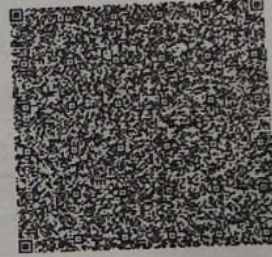
ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

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