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	REVANASIDDA

B. Name *(as per Aadhaar)*

REVANASIDDA

2. Gender *(select one)* — [✓] Male [ ] Female [ ] Transgender

3. Date of Birth — 13 09 2007

4. Aadhaar Number — 953994156032

5. Residence Address

Flat/Door/Building	SALIMANI ONI MALAHALLI
Road/Street/Block/Sector	MALAHALLI
Post Office	PARASANAHALLI
Area/Locality/Town/City	SHORAPUR
District	YADGIRI
State/Union Territory	KARNATAKA
Country/Region	INDIA
PIN / ZIP CODE	585216

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: 91 — Mobile Number: 9880577268

(ii) Email ID: utireddy@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	RAYAPPA
Father's Middle Name	
Father's Last Name	SALIMANI

14. Mother's First Name	
Mother's Middle Name	
Mother's Last Name	N I N G A M M 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: 4 2 1
(iv) AO No.: 5

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

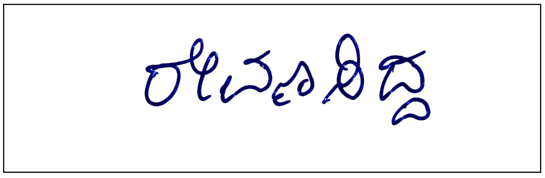
Verification & Declaration

a. I, REVANASIDDA……., 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. YADGIRI

Date. 04/07/2026



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

Name: REVANASIDDA

Designation: AUTHORIZED PERSON

भारत सरकार

आधार

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ

Unique Identification Authority of India

Government of India

ನೋಂದಾವಣಿ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No 0206/32509/01120

04/02/2016

To,
ರೇವಣಸಿದ್ದ
Revanasidda
S/O: Rayappa Salimani
salimani oni malahalli
Malhalli
Parasanahalli Shorapur Yadgir
Karnataka 585216
9880577268

Ref: 2367 / 09N / 497706 / 497743 / P

SA054002035FT

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

9539 9415 6032

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ಭಾರತ ಸರ್ಕಾರ

Government of India

ರೇವಣಸಿದ್ದ
Revanasidda
ಜನ್ಮ ದಿನಾಂಕ / DOB : 13/09/2007
ಪುರುಷ / Male

9539 9415 6032

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

24814288

ಕರ್ನಾಟಕ ಸರ್ಕಾರ

GOVERNMENT OF KARNATAKA

Z2OO19865

023647206

ಕರ್ನಾಟಕ ಶಾಲಾ ಪರೀಕ್ಷೆ ಮತ್ತು ಮೌಲ್ಯನಿರ್ಣಯ ಮಂಡಲಿ, ಬೆಂಗಳೂರು

Karnataka School Examination and Assessment Board, Bengaluru

ಅಂಕಪಟ್ಟಿ 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.

ನೋಂದಣಿ ಸಂಖ್ಯೆ / Register No. : 20240838763	ವರ್ಷ / Year : 2024
ಶಿಕ್ಷಣ ಮಾಧ್ಯಮ / Medium of Instruction : KANNADA	ಅಭ್ಯರ್ಥಿ ಬಗೆ / Candidate Type : CCE REGULAR FRESH

ಅಭ್ಯರ್ಥಿಯ ಹೆಸರು / Candidate's Name : REVANASIDDA

ತಂದೆಯ ಹೆಸರು / Father's Name : RAYAPPA SALIMANI

ತಾಯಿಯ ಹೆಸರು / Mother's Name : NINGAMMA

ಜನ್ಮ ದಿನಾಂಕ / Date of Birth : 13-09-2007 THIRTEENTH - SEPTEMBER - TWO THOUSAND SEVEN	ಲಿಂಗ / Gender : BOY

ಭಾಗ – ಎ / PART - A

ಶೈಕ್ಷಣಿಕ ವಿಷಯಗಳು SCHOLASTIC SUBJECTS	ಆಂತರಿಕ ಮೌಲ್ಯಮಾಪನ INTERNAL ASSESSMENT		ಬಾಹ್ಯ ಪರೀಕ್ಷೆ EXTERNAL EXAMINATION		ಒಟ್ಟು ಅಂಕಗಳು TOTAL MARKS			
	ಗರಿಷ್ಠ ಅಂಕಗಳು MAX. 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	25	23	100	50	125	44	73	C+
ದ್ವಿತೀಯ ಭಾಷೆ / SECOND LANGUAGE ENGLISH	20	10	80	24	100	35	34	C
ತೃತೀಯ ಭಾಷೆ / THIRD LANGUAGE HINDI	20	20	80	55	100	35	75	B+
ಗಣಿತ / MATHEMATICS	20	19	80	43	100	35	62	B
ವಿಜ್ಞಾನ / SCIENCE	20	20	80	29	100	35	49	C
ಸಮಾಜ ವಿಜ್ಞಾನ / SOCIAL SCIENCE	20	17	80	48	100	35	65	B
ಒಟ್ಟು ಅಂಕಗಳು / TOTAL MARKS	125	**109**	500	**249**	625	219	**358**	ಸಿಜಿಪಿ / CGA : C+

ಗಳಿಸಿದ ಒಟ್ಟು ಅಂಕಗಳು (ಅಕ್ಷರಗಳಲ್ಲಿ) / TOTAL MARKS OBTAINED (IN WORDS) : THREE HUNDRED FIFTY-EIGHT ONLY	Percentage / ಶೇಕಡಾವಾರು : (57.28%)

ಭಾಗ – ಬಿ / PART - B

ಕ್ರ. ಸಂ. / Sl. No.	ಸಹ ಶೈಕ್ಷಣಿಕ ವಿಷಯಗಳು / CO-SCHOLASTIC SUBJECTS	ಶ್ರೇಣಿ / GRADE	ಕ್ರ. ಸಂ. / 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	B	4.	ಕಲಾ ಶಿಕ್ಷಣ / ART EDUCATION	A

KSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSE

ಶಾಲಾ ಸಂಕೇತ / SCHOOL CODE : OO0257

ಶಾಲಾ ಹೆಸರು ಮತ್ತು ವಿಳಾಸ / SCHOOL NAME AND ADDRESS :

GOVERNMENT HIGH SCHOOL

PEERAPURA, MUDDEBIHALA.TQ, VIJAYAPURA .DT

Manjunath

Chairperson

ಅಧ್ಯಕ್ಷರು

24814288