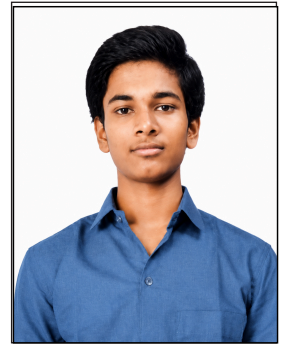




FORM NO. 93

[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

C H I N M A Y A

B. Name (as per Aadhaar)

C H I N M A Y A

2. Gender (select one)



Male



Female



Transgender

3. Date of Birth

1

1

0

9

2

0

0

6

4. Aadhaar Number

8

5

4

4

8

3

9

0

2

3

8

3

5. Residence Address

Flat/Door/Building

W

A

R

D

N

O

2

Road/Street/Block/Sector

M

A

S

J

I

D

S

T

R

E

E

T

Post Office

K

.

B

E

L

A

G

A

L

Area/Locality/Town/City

K

E

N

C

H

A

G

A

R

A

B

E

L

A

G

A

L

District

B

A

L

L

A

R

I

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

8

3

1

2

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

9

7

4

1

8

8

4

5

2

3

(ii) Email ID

shivararaj18@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

C

H

I

D

A

N

A

N

D

A

Father's Middle Name

Father's Last Name

A

C

H

A

R

I

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	4	2	1	(iv) AO No.	9	1

[illegible][illegible][illegible]

20. Representative Assessee Address

[illegible]

21. Contact Details

[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

CHINMAYA

a. I, CHINMAYA, 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: BALLARI

Date 04/07/2026

SELF

SELF
.....(Self/ Representative Assessee) do hereby declare that

and shall be liable for legal consequences under Income-Tax Act, 2025 if this



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

Name: CHINMAYA

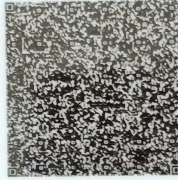
Designation: **AUTHORIZED PERSON**



ಭಾರತೀಯ ವಿಕಿಷ್ಠ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ Enrolment No.: 0707/03115/07365

To
ಚಿಮ್ಮಯ
ಚಿಮ್ಮಯ
S/O: Chidananda Achari,
Ward No 2,
Masjid Street,
VTC: Kenchagarabelagal,
PO: K.bellagal,
Sub District: Siruguppa,
District: Bellary,
State: Karnataka,
PIN Code: 583121,
Mobile: 9741884523



Signature valid

Digitally signed by Dr. S. Unique
Identification No. Authority of India
06
Date: 2024.07.14 14:05:15
GMT+05'30'

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :
8544 8390 2383
VID : 9168 2069 5044 1906

ಗುರುತು
ಗೃಹ
ಗೃಹ



ಭಾರತ ಸರ್ಕಾರ
Government of India



Aadhaar no. issued: 10/11/2013

ಬೆಸಯ
Chinmaya
ಜನ್ಮ ದಿನಾಂಕ/DOB: 11/09/2006
ಪುರುಷ/ MALE

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 XMR)

8544 8390 2383

ನಿನ್ನ ನಿನಗೆ ನಿನ್ನ



ಭಾರತ ಚುನಾವಣಾ ಆಯೋಗ
ELECTION COMMISSION OF INDIA

ಮತದಾರರ ಪ್ರಾಚೀನ ಗುರುತು ಕಾರ್ಡ್ - Elector Photo Identity Card

UBB3600251



ಹೆಸರು: ಚಿನ್ಮಯ

Name: Chinmaya

ತಂದೆಯ ಹೆಸರು: ಚಿದಾನಂದ ಅಚಾರಿ

Father's Name: Chidananda Achari

ಲಿಂಗ / Gender: ಗಂಡು / Male

ಜನ್ಮ ದಿನಾಂಕ / ವಯಸ್ಸು

Date of Birth / Age: 11-08-2005

