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	MANJULA
Middle Name	SHREEKANT
Last Name	HADAPAD

B. Name *(as per Aadhaar)*

MANJULA SHREEKANT HADAPAD

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

3. Date of Birth 01 06 2000

4. Aadhaar Number 516554493922

5. Residence Address

Flat/Door/Building	1384
Road/Street/Block/Sector	ABBIGERI
Post Office	ABBIGERI
Area/Locality/Town/City	RON
District	GADAG
State/Union Territory	KARNATAKA
Country/Region	INDIA
PIN / ZIP CODE	582111

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	8722118643
(ii) Email ID	shreekantmallappa1995@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	DYAMANNA
Father's Middle Name	
Father's Last Name	HADAPAD

14.	**Mother's First Name**	M A L L A V V A
	Mother's Middle Name	
	Mother's Last Name	H A D A P A D

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 1 1
(iv) AO No.: 1 1

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**

☑ (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**

☐ Tick (i) Proof of Identity ☐ Tick (ii) Proof of Address

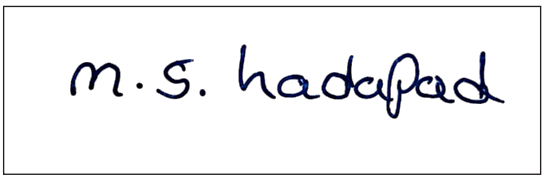
Verification & Declaration

a. I, MANJULA SHREEKANT HADAPAD, 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. GADAG

Date. 16/07/2026



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

Name: MANJULA SHREEKANT HADAPAD

Designation: AUTHORIZED PERSON

भारत सरकार

आधार

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ / Enrollment No.: 0707/11120/00267

To
ಮಂಜುಳಾ ಶ್ರೀಕಾಂತ ಹಡಪದ
Manjula Shreekant Hadapad
C/O: Shreekant Hadapad,
1384,
Abbigeri,
VTC: Abbigeri,
PO: Abbigeri,
Sub District: Ron, District: Gadag,
State: Karnataka,
PIN Code: 582111,
Mobile: 8722118643

224460485

MH244604853FL

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

5165 5449 9322

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಆಧಾರ್

Aadhaar no. issued: 04/12/2013

ಮಂಜುಳಾ ಶ್ರೀಕಾಂತ ಹಡಪದ
Manjula Shreekant Hadapad
ಜನ್ಮ ದಿನಾಂಕ / DOB : 01/06/2000
ಸ್ತ್ರೀ / Female

ಆಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯಾಗಿದೆ, ಪೌರತ್ವ ಅಥವಾ ಜನ್ಮ ದಿನಾಂಕದ ಪುರಾವೆ ಅಲ್ಲ. ಇದನ್ನು ಆನ್‌ಲೈನ್ ದೃಢೀಕರಣ ಅಥವಾ QR ಕೋಡ್ / ಆಫ್‌ಲೈನ್ XML ಸ್ಕ್ಯಾನಿಂಗ್‌ನೊಂದಿಗೆ ಮಾತ್ರ ಬಳಸಬೇಕು.

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 XML)

5165 5449 9322

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

national health authority

सत्यमेव जयते

Ayushman Bharat Health Account (ABHA)

आयुष्मान भारत स्वास्थ्य खाता (आभा)

Name/ಹೆಸರು

Manjula Shreekant Hadapad

ಮಂಜುಳಾ ಶ್ರೀಕಾಂತ ಹಡಪದ

ABHA number/ಅಭಾ ಸಂಖ್ಯೆ

91-1115-7323-3025

ABHA address/ಅಭಾ ವಿಳಾಸ

91111573233025@abdm

Gender/ಲಿಂಗ

Female/ಹೆಣ್ಣು

Date of birth/ಹುಟ್ಟಿದ ದಿನಾಂಕ

01-06-2000

Mobile/ಮೊಬೈಲ್

8722118643