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	THANMAI
Middle Name	
Last Name	HEGDE

B. Name *(as per Aadhaar)*

THANMAI HEGDE

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

3. Date of Birth — 31/05/2008

4. Aadhaar Number — 691753730239

5. Residence Address

Flat/Door/Building	1-230, HAKLU MANE
Road/Street/Block/Sector	AGLIBAILU
Post Office	SHEDIMANE
Area/Locality/Town/City	SHEDIMANE
District	UDUPI
State/Union Territory	KARNATAKA
Country/Region	INDIA
PIN / ZIP CODE	576212

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	7676290166
(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	SATHISH
Father's Middle Name	
Father's Last Name	HEGDE

14. Mother's First Name	
Mother's Middle Name	
Mother's Last Name	S U R E K H 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: 5 3 1
(iv) AO No.: 9 2

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, THANMAI HEGDE……., 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. UDUPI

Date.. 19/07/2026

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

Name: THANMAI HEGDE

Designation: AUTHORIZED PERSON

सत्यमेव जयते
भारत सरकार

आधार

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 0804/57611/01039

To
ತನ್ಮಯ್ ಹೆಗ್ಡೆ
Thanmai Hegde
S/O: Sathish Hegde,
1-230,
Haklu mane,
Aglibailu,
VTC: Shedimane,
PO: Shedimane,
Sub District: Kundapura,
District: Udupi,
State: Karnataka,
PIN Code: 576212
Mobile: 7676290166

Signature valid
Digitally signed by UIDAI Unique Identification Authority of India
Date: 2026.[illegible] 13:14:57 IST

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :
6917 5373 0239
VID : 9124 4317 4621 5872

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ಭಾರತ ಸರ್ಕಾರ
Government of India

ತನ್ಮಯ್ ಹೆಗ್ಡೆ
Thanmai Hegde
ಜನ್ಮ ದಿನಾಂಕ/DOB: 31/05/2008
ಪುರುಷ/ MALE

Aadhaar no. issued: 15/01/2016

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)

6917 5373 0239

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ನಂ :
N0:

ನಮೂನೆ - 5
Form - 5

ಕರ್ನಾಟಕ ಸರ್ಕಾರ
GOVERNMENT OF KARNATAKA
ಜನನ ಮತ್ತು ಮರಣಗಳ ಮುಖ್ಯ ರಿಜಿಸ್ಟ್ರಾರರು
Chief Registrar of Births and Deaths

ಜನನ ಪ್ರಮಾಣ ಪತ್ರ

(ಜ. ಮ. ನೋ ಅಧಿನಿಯಮ,1969ರ 12/17 ನೆಯ ಪ್ರಕರಣ ಹಾಗೂ ಕ.ಜ.ಮ.ನೋ.ನಿಯಮಗಳು, 1999ರ ನಿಯಮ 8/13 ರ ಮೇರೆಗೆ ಕೊಡಲಾದ)

BIRTH CERTIFICATE

(Issued Under Section 12/17 of the RBD Act,1969 and Rule 8/13 of the KRBD Rules,1999)

ಈ ಕೆಳಕಂಡ ವಿವರಣೆಯನ್ನು ಕರ್ನಾಟಕ ರಾಜ್ಯದ **ಉಡುಪಿ** ಜಿಲ್ಲೆಯ **ಕುಂದಾಪುರ** ತಾಲ್ಲೂಕಿನ **ಕುಂದಾಪುರ** (ಗ್ರಾಮ/ಪಟ್ಟಣ) ದ ರಿಜಿಸ್ಟರಿನಲ್ಲಿರುವ 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 **KUNDAPUR** (village / town) of **KUNDAPUR** taluk of **Udupi** district of Karnataka state.

1) ಹೆಸರು :
Name **ತನ್ಮಯಿ ಹೆಗ್ಡೆ**

2) ಲಿಂಗ :
Sex **Male**

3) ಜನನವಾದ ತಾರೀಖು:
Date of Birth **31/05/2008**

4) ಜನಿಸಿದ ಸ್ಥಳ:
Place of Birth **Hospital - VINAYA NURSING HOME, VODERHOBLI, KUNDAPUR, KUNDAPURA, KUNDAPUR(T), Udupi(D), KARNATAKA(S)**

5) ತಾಯಿಯ ಹೆಸರು:
Name of Mother **ಸುರೇಖಾ**

6) ತಂದೆಯ ಹೆಸರು:
Name of Father **ಸತೀಶ ಹೆಗ್ಡೆ**

7) ಮಗುವಿನ ಜನನದ ಸಮಯದಲ್ಲಿ ತಂದೆತಾಯಿಯರ ವಿಳಾಸ:
Address of parents at the time of birth of the child
ಶೇಡಿಮನೆ ಕುಂದಾಪುರ , ಕುಂದಾಪುರ (T), ಉಡುಪಿ (D), KARNATAKA

8) ತಂದೆ ತಾಯಿಯರ ಖಾಯಂ ವಿಳಾಸ:
Permanent address of parents
ಶೇಡಿಮನೆ ಕುಂದಾಪುರ , ಕುಂದಾಪುರ (T), ಉಡುಪಿ (D), KARNATAKA

9) ನೋಂದಣಿ ಸಂಖ್ಯೆ:
Registration Number **2008-B-2738**

10) ನೋಂದಣಿಯಾದ ದಿನಾಂಕ
Date of Registration **04/06/2008**

11) ಪರಾ: (ಯಾವುದಾದರೂ ಇದ್ದಲ್ಲಿ):
Remarks (if any) **********

12) ಪ್ರಮಾಣ ಪತ್ರ ನೀಡಿದ ದಿನಾಂಕ:
Date of Issue **12/06/2012**

13) ಪ್ರಮಾಣ ಪತ್ರ ಕೊಡುವ ಪ್ರಾಧಿಕಾರಿಯ ಸಹಿ:
Signature of issuing Authority

14) ಪ್ರಮಾಣ ಪತ್ರ ಕೊಡುವ ಪ್ರಾಧಿಕಾರಿಯ ವಿಳಾಸ:
Address of issuing Authority

12/06/12

REGISTRAR OF BIRTH & DEATH
TOWN MUNICIPAL OFFICE
KUNDAPURA (UDUPI DIST)

ಮೊಹರು / Seal

"ಪ್ರತಿಯೊಂದು ಜನನ ಮತ್ತು ಮರಣದ ನೋಂದಣಿಯನ್ನು ಖಚಿತಪಡಿಸಿಕೊಳ್ಳಿ"

"Ensure registration of every Birth and Death"