



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

M A L L E S H

Middle Name

Last Name

B E L U R A I A H

B. Name (as per Aadhaar)

M A L L E S H

B E L U R A I A H

2. Gender (select one)



Male



Female



Transgender

3. Date of Birth

0

1

0

1

1

9

7

4

4. Aadhaar Number

6

4

7

9

0

2

5

5

9

3

4

0

5. Residence Address

Flat/Door/Building

C

/

O

B

E

L

U

R

A

I

A

H

Road/Street/Block/Sector

A

D

A

G

O

O

R

U

Post Office

A

D

A

G

O

O

R

U

Area/Locality/Town/City

H

A

S

S

A

N

District

H

A

S

S

A

N

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

7

3

2

0

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

9

8

0

0

1

0

3

3

7

(ii) Email ID

ashokashu2024shu@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

Father's Middle Name

Father's Last Name

B

E

L

U

R

A

I

A

H

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	3	2	1	(iv) AO No.	9	2

[illegible]

19. Aadhaar Number (*if Permanent Account Number is not available*)

[illegible][illegible]

22. Address for Communication (select one) ☒ Residence Address ☐ Representative Assessee Address ☐ Office Address

☒ (i) Proof of Identity ☒ (ii) Proof of Address ☒ (iii) Proof of Date of Birth

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

a. I, MALLESH BELURIAIAH, 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.HASSAN

Date..22/07/2026

చుక్క

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

Name: **MALLESH BELURIAH**

Designation: **AUTHORIZED PERSON**



ಭಾರತ ಸರ್ಕಾರ
Unique Identification Authority of India
Government of India

ಸೇತಾಂಕದಾತೃತ್ವ ಸಂಖ್ಯೆ / Enrollment No: 1320/16001/02501

To
ಮಲ್ಲೇಶ್
Mallisha
S/O: Beluriah
KODIHALLI BELURU TALUKU
Adagooru
Adagur
Belur Hesson
Karnataka 573121

12/02/2013
15844450



MN158444500FT



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No:

6479 0255 9340

ಆಧಾರ್ - ಶ್ರೀನಾಮಾನ್ಯನ ಅಧಿಕಾರ



ಭಾರತ ಸರ್ಕಾರ
Government of India



ಮಲ್ಲೇಶ್
Mallisha
ಜನ್ಮದ ವರ್ಷ / Year of Birth 1976
ಪುರುಷ / Male



6479 0255 9340

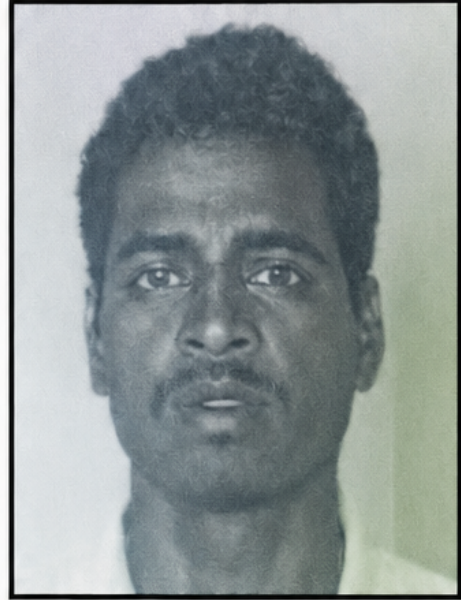
ಆಧಾರ್ - ಶ್ರೀನಾಮಾನ್ಯನ ಅಧಿಕಾರ



ಭಾರತ ಚುನಾವಣಾ ಆಯೋಗ
ಕರ್ನಾಟಕ ರಾಜ

**ELECTION COMMISSION OF INDIA
IDENTITY CARD**

NM03190816



ಮತದಾರರ ಹೆಸರು : **ಮಲ್ಲೇಶ್**

Elector's Name : **Malleesh**

ತಂದೆಯ ಹೆಸರು : **ಬೆಳುರಾಯಹ**

Father's Name : **Beluraiah**

ಲಿಂಗ / Sex : **ಪುರುಷ/Male**

ಜನ್ಮ ದಿನಾಂಕ/Date of Birth : **01/01/1974**