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	ANAND

B. Name *(as per Aadhaar)*

	ANAND

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

3. Date of Birth — 15 12 2011

4. Aadhaar Number — 385121491416

5. Residence Address

Flat/Door/Building	126/6 NEAR GRAMA PANCHAY
Road/Street/Block/Sector	YALAGI
Post Office	YALGI
Area/Locality/Town/City	SHORAPUR
District	YADGIR
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: 9945765797

(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	BHIMANNA
Father's Middle Name	
Father's Last Name	HUJARATI

14. **Mother's First Name**	
Mother's Middle Name	
Mother's Last Name	SUJATA

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: KAR | (ii) AO Type: W | (iii) Range Code: 421 | (iv) AO No.: 5

PART E- Representative Assessee, if applicable

17. **RA's First Name**	BHIMANNA
RA's Middle Name	
RA's Last Name	HUJARATI

18. **Permanent Account Number** *(if any)*

19. **Aadhaar Number** (*if Permanent Account Number is not available*): 626284024309

20. **Representative Assessee Address**

Flat/Door/Building	126/6 NEAR GRAMA PANCHAYAT
Road/Street/Block/Sector	YALAGI
Post Office	SHORAPUR
Area/Locality/Town/City	SHORAPUR
District	YADGIR

State/Union Territory: KARNATAKA | Country/Region: INDIA | PIN / ZIP CODE: 585216

21. **Contact Details**

(i) Mobile Number — Country Code: 91 | Mobile Number: 9945765797

(ii) Email ID: utireddy@gmail.com

(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 ☑ 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**

☑ (i) Proof of Identity ☑ (ii) Proof of Address

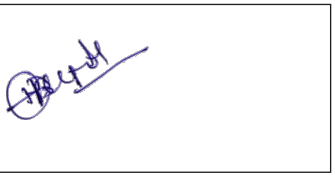
Verification & Declaration

a. I, ANAND, in the capacity of REPRESENTATIVE ASSESSEE (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: YADGIR

Date: 23/07/2026



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

Name: ANAND

Designation: REPRESENTATIVE ASSESSEE

भारत सरकार

आधार

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 0804/16167/81754

To
ಆನಂದ
Anand
C/O: Bhimanna Hujarati
126/6
Near Grama Panchayati
Yalgi
Yadgir Karnataka - 585216
9945765797

Signature valid

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

3851 2149 1416

VID : 9113 0741 7670 8744

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಆನಂದ
Anand
ಜನ್ಮ ದಿನಾಂಕ/DOB: 15/12/2011
ಪುರುಷ/ MALE

Issue Date: 18/05/2022

3851 2149 1416

VID : 9113 0741 7670 8744

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ನಂ.
No.

ನಮೂನೆ – 5
Form - 5

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

ಜನನ ಪ್ರಮಾಣ ಪತ್ರ

(ಜ.ಮ.ನೋ ಅಧಿನಿಯಮ, 1969ರ 12/17ನೆಯ ಪ್ರಕರಣ ಹಾಗೂ ಕ.ಜ.ಮ.ನೋ. ನಿಯಮಗಳು 1999ರ ನಿಯಮ 8/13ರ 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 ಯಾದಗಿರಿ ಜಿಲ್ಲೆಯ ಶಹಾಪುರ ತಾಲ್ಲೂಕಿನ ಶಹಾಪೂರ ಟಿ.ಎಂ.ಸಿ (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 **Shahpur (TMC)** (village/town) of **Shahpur** taluk of **Yadgir** district of Karnataka State

1) ಹೆಸರು		*2) ಲಿಂಗ*	ಗಂಡು
Name	ANAND	*Sex*	Male
3) ಜನನವಾದ ತಾರೀಖು *Date of Birth*	15/12/2011	*4) ಜನನವಾದ ಸ್ಥಳ* *Place of Birth*	MAHADEVI HOSPITAL, Shahpur (TMC),Shahpur,Yadgir,Karnataka
5) ತಾಯಿಯ ಹೆಸರು		*6) ತಂದೆಯ ಹೆಸರು*	
Name of Mother	SUJATA	*Name of Father*	BHIMANNA HUJRATI

7) ಮಗುವಿನ ಜನನದ ಸಮಯದಲ್ಲಿ ತಂದೆತಾಯಿಯರ ವಿಳಾಸ:

ಬಿ.ಬಿ.ರೋಡ,,ಶಹಪುರ,ಶಹಪುರ,ಯಾದಗಿರಿ,,

Address of parents at the time of birth of the child:

B.B.Road SHAHPUR,Gulbarga,585223,KARNATAKA,

8) ತಂದೆತಾಯಿಯರ ಖಾಯಂ ವಿಳಾಸ

Permanent address of parents:

Yalgi,,,Shorapur,Yadgir,,KARNATAKA,

9) ನೋಂದಣಿ ಸಂಖ್ಯೆ: *Registration No.:*	**803217/U/B/2011/001057**	*10) ನೋಂದಣಿ ತಾರೀಖು* *Date of Registration:*	29/12/2011
11) ಪರಾ(ಯಾವುದಾದರು ಇದ್ದಲ್ಲಿ) *Remarks(if any)*	Old Registration No : 2011-B-1949--	*12) ಅನುಮೋದನೆಯ ದಿನಾಂಕ* *Date of Approval*	13/04/2022

13) ಪ್ರಮಾಣ ಪತ್ರ ಕೊಡುವ ಪ್ರಾಧಿಕಾರಿಯ ಸಹಿ
Signature of Issuing Authority

14) ಪ್ರಮಾಣ ಪತ್ರ ಕೊಡುವ ಪ್ರಾಧಿಕಾರಿಯ ವಿಳಾಸ
Address of the issuing authority Birth,Death Registrar , Shahpur Taluk, Yadgir District

Date of Issue 18/04/2022

"ಪ್ರತಿಯೊಂದು ಜನನ ಮತ್ತು ಮರಣದ ನೋಂದಣಿಯನ್ನು ಖಚಿತಪಡಿಸಿಕೊಳ್ಳಿ"
"Ensure registration of every birth and death"

Note: For Online Verification please Visit www.sajanma.karnataka.gov.in

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭೀಮಣ್ಣ
Bhimanna
ಜನ್ಮ ದಿನಾಂಕ / DOB : 15/07/1981
ಪುರುಷ / Male

6262 8402 4309

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ವಿಳಾಸ:
S/O: ಈರಣ್ಣ ಹುಜರತಿ, 125/6, ಮೇನ ರೋಡ, ಗ್ರಾಮ ಪಂಚಾಯಿತಿಯ ಹತ್ತಿರ, ಯಾಳಗಿ, ಯಾಳಗಿ, ಯಾದಗಿರಿ, ಕರ್ನಾಟಕ, 585216

Address:
S/O: Eranna Hujarati, 125/6, main road, near gram panchayat, Yalgi, Yelgi, Yadgir, Karnataka, 585216

6262 8402 4309

1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in