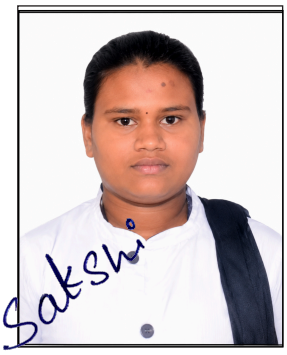

FORM NO. 93

[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	SAKSHI

B. Name *(as per Aadhaar)*

	SAKSHI

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

3. Date of Birth 08 03 2008

4. Aadhaar Number 917771250239

5. Residence Address

Flat/Door/Building	C/O C E CHANDRASHEKHARA
Road/Street/Block/Sector	CHIKKONDIHALLI
Post Office	SATHANGERE
Area/Locality/Town/City	KANAKATTE HOBALI, SATHAN
District	HASSAN
State/Union Territory	KARNATAKA
Country/Region	INDIA
PIN / ZIP CODE	573144

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)* — Tick ✓ 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	9448048844
(ii) Email ID		snsdmk0413@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 | Tick ✓ Income from Other Sources | Tick No Income

PART C - Details of Parents

12. Whether mother/father is a single parent? *(select one)* — Tick Yes | Tick ✓ No

13. Father's First Name	CHIKKONDIHALLI
Father's Middle Name	ESHWARAIAH
Father's Last Name	CHANDRASHEKHARAMURTHY

14. Mother's First Name	
Mother's Middle Name	
Mother's Last Name	S U M A

15. Name of parent to be printed on Permanent Account Number card *(select one)* ☑ Father ☐ 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: 3 2 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)* ☑ Residence Address ☐ Representative Assessee Address ☐ 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, SAKSHI……., 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.. 24/07/2026

Sakshi

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

Name: SAKSHI

Designation: AUTHORIZED PERSON

सत्यमेव जयते
भारत सरकार

आधार

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಾವಣಿ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No. : 0648/16398/03226

To
Sakshi
ಸಾಕ್ಷಿ
C/O: C E Chandrashekhara Murthy,
Chikkondihalli,
Kanakatte Hobali Arasikere talluk,
VTC: Sathanagere, PO: Sathangere,
Sub District: Arasikere, District: Hassan,
State: Karnataka, PIN Code: 573144,
Mobile: 9448048844

09771636

KC097716365FL

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

9177 7125 0239

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಆಧಾರ್

Issue Date: 01/07/2015

ಸಾಕ್ಷಿ
Sakshi
ಜನ್ಮ ದಿನಾಂಕ / DOB: 08/03/2008
ಸ್ತ್ರೀ / Female

9177 7125 0239

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

Z2LL05336

24340383

ಕರ್ನಾಟಕ ಸರ್ಕಾರ
GOVERNMENT OF KARNATAKA

ಕರ್ನಾಟಕ ಶಾಲಾ ಪರೀಕ್ಷೆ ಮತ್ತು ಮೌಲ್ಯನಿರ್ಣಯ ಮಂಡಲಿ, ಬೆಂಗಳೂರು
Karnataka School Examination and Assessment Board, Bengaluru

ಅಂಕಪಟ್ಟಹಾಗೂ ಪ್ರಮಾಣ ಪತ್ರ / Marks Statement cum Certificate

ಈ ಕೆಳಗೆ ನಮೂದಿತ ಅಭ್ಯರ್ಥಿಯು ಎಸ್.ಎಸ್.ಎಲ್.ಸಿ. ಪರೀಕ್ಷೆಯಲ್ಲಿ ತೇರ್ಗಡೆಯಾಗಿರುವುದನ್ನು ಪ್ರಮಾಣೀಕರಿಸಿದೆ.
This is to certify that the below mentioned candidate has passed S.S.L.C. Examination.

006308442

ನೋಂದಣಿ ಸಂಖ್ಯೆ / Register No. : 20240740069	ವರ್ಷ / Year : 2024
ಶಿಕ್ಷಣ ಮಾಧ್ಯಮ / Medium of Instruction : KANNADA	ಅಭ್ಯರ್ಥಿ ಬಗೆ / Candidate Type : CCE REGULAR FRESH

ಅಭ್ಯರ್ಥಿಯ ಹೆಸರು / Candidate's Name : SAKSHI

ತಂದೆಯ ಹೆಸರು / Father's Name : CHANDRASHEKARAMURTHY

ತಾಯಿಯ ಹೆಸರು / Mother's Name : SUMA

ಜನ್ಮ ದಿನಾಂಕ / Date of Birth : 08-03-2008 EIGHTH - MARCH - TWO THOUSAND EIGHT	ಲಿಂಗ / Gender : GIRL

ಭಾಗ – ಎ / PART - A

ಶೈಕ್ಷಣಿಕ ವಿಷಯಗಳು SCHOLASTIC SUBJECTS	ಆಂತರಿಕ ಮೌಲ್ಯಮಾಪನ INTERNAL ASSESSMENT		ಬಾಹ್ಯ ಪರೀಕ್ಷೆ EXTERNAL EXAMINATION		ಒಟ್ಟು ಅಂಕಗಳು TOTAL MARKS			
	ಗರಿಷ್ಠ ಅಂಕಗಳು MAX. MARKS	ಗಳಿಸಿದ ಅಂಕಗಳು MARKS OBTAINED	ಗರಿಷ್ಠ ಅಂಕಗಳು MAX. MARKS	ಗಳಿಸಿದ ಅಂಕಗಳು MARKS OBTAINED	ಗರಿಷ್ಠ ಅಂಕಗಳು MAX. MARKS	ಕನಿಷ್ಠ ಅಂಕಗಳು MIN. MARKS	ಒಟ್ಟು ಅಂಕಗಳು TOTAL MARKS	ಶ್ರೇಣಿ GRADE
ಪ್ರಥಮ ಭಾಷೆ / FIRST LANGUAGE KANNADA	25	25	100	95	125	44	120	A+
ದ್ವಿತೀಯ ಭಾಷೆ / SECOND LANGUAGE ENGLISH	20	20	80	63	100	35	83	A
ತೃತೀಯ ಭಾಷೆ / THIRD LANGUAGE HINDI	20	20	80	56	100	35	76	B+
ಗಣಿತ / MATHEMATICS	20	20	80	47	100	35	67	B
ವಿಜ್ಞಾನ / SCIENCE	20	20	80	53	100	35	73	B+
ಸಮಾಜ ವಿಜ್ಞಾನ / SOCIAL SCIENCE	20	20	80	74	100	35	94	A+
ಒಟ್ಟು ಅಂಕಗಳು / TOTAL MARKS	125	**125**	500	**388**	625	219	**513**	ಸಿಜಿಪಿ / CGA : **A**

ಗಳಿಸಿದ ಒಟ್ಟು ಅಂಕಗಳು (ಅಕ್ಷರಗಳಲ್ಲಿ) / TOTAL MARKS OBTAINED (IN WORDS) : FIVE HUNDRED THIRTEEN ONLY	Percentage / ಶೇಕಡಾವಾರು : (82.08%)

ಭಾಗ – ಬಿ / PART - B

ಕ್ರ. ಸಂ. / Sl. No.	ಸಹ ಶೈಕ್ಷಣಿಕ ವಿಷಯಗಳು / CO-SCHOLASTIC SUBJECTS	ಶ್ರೇಣಿ / GRADE
1.	ದೈಹಿಕ ಮತ್ತು ಆರೋಗ್ಯ ಶಿಕ್ಷಣ / PHYSICAL & HEALTH EDUCATION	A
3.	ಕಾರ್ಯಾನುಭವ / WORK EXPERIENCE	A
2.	ಮನೋಭಾವ ಮತ್ತು ಮೌಲ್ಯಗಳು / ATTITUDE & VALUES	A
4.	ಕಲಾ ಶಿಕ್ಷಣ / ART EDUCATION	A

KSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSE

ಶಾಲಾ ಸಂಕೇತ / SCHOOL CODE : LL0117

ಶಾಲಾ ಹೆಸರು ಮತ್ತು ವಿಳಾಸ / SCHOOL NAME AND ADDRESS :

SRI J.K.C.S.RURAL HIGH SCHOOL

HIRISADARAHALLY ARASIKERE TALUK, HASSAN DISTRICT- 573144

ಅಧ್ಯಕ್ಷರು
Chairperson

24340383