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	ROOPA
Middle Name	NAYAKARAHALLI
Last Name	JAVAREGOWDA

B. Name *(as per Aadhaar)*

	ROOPA N J

2. Gender *(select one)* — Tick Male ☐ Tick ☑ Female ☐ Tick Transgender

3. Date of Birth — 01 01 1983

4. Aadhaar Number — 976137539496

5. Residence Address

Flat/Door/Building	C/O JAVAREGOWDA
Road/Street/Block/Sector	ARAKALAGUDU TALUK
Post Office	BASAVANAHALLI
Area/Locality/Town/City	GANJALGUD
District	HASSAN

State/Union Territory: KARNATAKA — Country/Region: INDIA — PIN / ZIP CODE: 573102

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: 7026894960

(ii) Email ID: sumanthbr117@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	JAVARE
Father's Middle Name	
Father's Last Name	GOWDA

14. Mother's First Name	
Mother's Middle Name	
Mother's Last Name	PUTTAMMA

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: 321 (iv) AO No.: 92

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

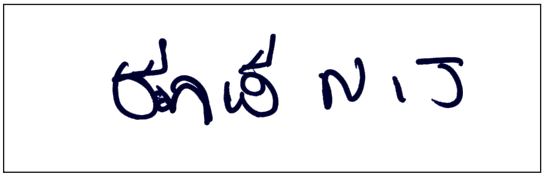
Verification & Declaration

a. I, ROOPA N J, 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. 27/07/2026



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

Name: ROOPA N J

Designation: AUTHORIZED PERSON

भारत सरकार

आधार

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 2738/02068/01844

Download Date: 27/06/2020

To
ರೂಪ ಎನ್ ಜೆ
Roopa N J
W/O: Rajegowda
Arakalagudu taluk
Basavanahalli
Ganjalgud
Hasan Karnataka - 573102
9741736870

Issue Date: 17/01/2020

Signature valid

Digitally signed by UNIQUE IDENTIFICATION AUTHORITY OF INDIA
Date: 2020.01.17 10:53:05 IST

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

9761 3753 9496

VID : 9192 6801 9317 3740

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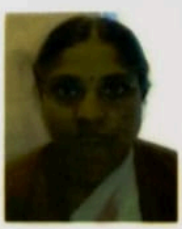
ಭಾರತ ಸರ್ಕಾರ
Government of India

Download Date: 27/06/2020



ರೂಪ ಎನ್ ಜೆ
Roopa N J
ಜನ್ಮ ದಿನಾಂಕ/DOB: 01/01/1983
ಸ್ತ್ರೀ/FEMALE

Issue Date: 17/01/2020

9761 3753 9496

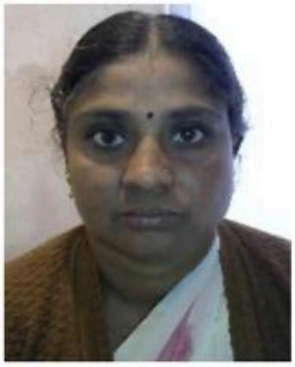
VID : 9192 6801 9317 3740

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

national health authority

Ayushman Bharat Health Account (ABHA)

आयुष्मान भारत स्वास्थ्य खाता (आभा)



Name/ಹೆಸರು

Roopa N J

ರೂಪ ಎನ್ ಜೆ

ABHA number/ಅಭಾ ಸಂಖ್ಯೆ

91-4506-1681-2407

ABHA address/ಅಭಾ ವಿಳಾಸ

91450616812407@abdm

Gender/ಲಿಂಗ

Female/ಹೆಣ್ಣು

Date of birth/ಹುಟ್ಟಿದ ದಿನಾಂಕ

01-01-1983

Mobile/ಮೊಬೈಲ್

7026894960