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	NAYANA
Middle Name	
Last Name	DEVALINGA

B. Name *(as per Aadhaar)*

	NAYANA D

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

3. Date of Birth — 01 08 2000

4. Aadhaar Number — 931081744906

5. Residence Address

Flat/Door/Building	C/O RENUKUMARA, # 00		
Road/Street/Block/Sector	KASABA HOBALLI		
Post Office	ADAGUR		
Area/Locality/Town/City	CHOLENAHALLI, CHANNARAYA		
District	HASSAN		
State/Union Territory	KARNATAKA	Country/Region	INDIA
PIN / ZIP CODE	573116		

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 | 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	9741576982	
(ii) Email ID	colorsnetzone@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 | ✓ Income from Other Sources | Tick No Income

PART C - Details of Parents

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

13. Father's First Name	DEVALINGA
Father's Middle Name	MATHIGATTA
Father's Last Name	SHIVALINGAIAH

14.	**Mother's First Name**	H E M A L A T H A
	Mother's Middle Name	C H O L E N A H A L L I
	Mother's Last Name	M A H A D E V A P P 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: 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)* ☐ 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, NAYANA D, 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. 07/08/2026

Nayana.D

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

Name: NAYANA D

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. : 2825/11185/64832

To
Nayana D
ನಯನ ಡಿ
C/O Renukumara,
00,
Kasaba hoballi,
Channarayapatana thaluk,
A cholenahalli,
VTC: Adagur, PO: Adagur,
Sub District: Channarayapatna, District: Hassan,
State: Karnataka, PIN Code: 573116.
Mobile: 8861269831

08/07/2012

12191981

KF121919817FI

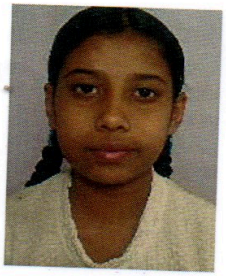
ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

9310 8174 4906

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಆಧಾರ್



ನಯನ ಡಿ
Nayana D
ಜನ್ಮ ದಿನಾಂಕ / DOB: 01/08/2000
ಸ್ತ್ರೀ / Female

08/07/2012

9310 8174 4906

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ಭಾರತ ಚುನಾವಣಾ ಆಯೋಗ

ELECTION COMMISSION OF INDIA

ಮತದಾರರ ಭಾವಚಿತ್ರವಿರುವ ಗುರುತಿನ ಚೀಟಿ

Electors Photo Identity Card

UFJ5767991

ಹೆಸರು : ನಯನ ಡಿ

Name : NAYANA D

ಗಂಡನ ಹೆಸರು : [illegible]

Husband's Name : [illegible]KUMARA

EPIC No. : UFJ5767991

ಲಿಂಗ/Gender : ಮಹಿಳೆ / Female

ಜನ್ಮ ದಿನಾಂಕ/ವಯಸ್ಸು : 01-08-2000

Date of Birth/ Age :

ವಿಳಾಸ : 212, ಚೋಳೇನಹಳ್ಳಿ, ಚೋಳೇನಹಳ್ಳಿ, ಅಡಗೂರು, ಹಾಸನ, ಕರ್ನಾಟಕ-573116

Address : 212, CHOLENAHALLI, CHOLENAHALLI, ADAGURU, HASSAN, KARNATAKA-573116

ದಿನಾಂಕ/ Date : 18-06-2022

ಮತದಾರರ ನೋಂದಣಾಧಿಕಾರಿ

Electoral Registration Officer

ವಿಧಾನ ಸಭಾ ಕ್ಷೇತ್ರದ ಸಂಖ್ಯೆ ಮತ್ತು ಹೆಸರು :

193-ಶ್ರವಣಬೆಳಗೊಳ

Assembly Constituency No. and Name : 193-Shravanabelagola

Note / ಸೂಚನೆ

1) ಪ್ರತಿ ಚುನಾವಣೆಯ ಮೊದಲು, ಪ್ರಸ್ತುತ ಮತದಾರರ ಪಟ್ಟಿಯಲ್ಲಿ ನಿಮ್ಮ ಹೆಸರು ಇದೆಯೇ ಎಂದು ಪರಿಶೀಲಿಸಿಕೊಳ್ಳಿ

1) Before every Election, please check that your name exists in current electoral roll.

2) ಈ ಮತದಾರರ ಗುರುತಿನ ಚೀಟಿಯು ಚುನಾವಣೆಯ ಉದ್ದೇಶಕ್ಕೆ ಹೊರತು ವಯಸ್ಸಿನ ಪುರಾವೆಗೆ ಅಲ್ಲ.

2) This card is not a proof of age except for the purpose of election.