

**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

L I K I T H A

Middle Name

Last Name

B A I

B. Name (as per Aadhaar)

L I K I T H A B A I

2. Gender (select one)☐ Tick

Male

☒ Tick

Female

☐ Tick

Transgender

3. Date of Birth

0 1

0 1

2 0 0 6

4. Aadhaar Number

3 5 3 3 2 6 9 7 7 3 9 4

5. Residence Address

Flat/Door/Building

0 1

Road/Street/Block/Sector

K O R A N A H A L L I K O P P A L U , K O R

Post Office

A R A K E R E

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 1 1 2

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

9 1

Mobile Number

9 7 4 0 2 8 8 6 9 4

(ii) Email ID

ganesh123bvr@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

S A T H I S H

Father's Middle Name

Father's Last Name

N A I K

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]

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 (<i>if any</i>)	STD Code			Landline Number	

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

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
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24. Documents submitted as Proof of Identity, Proof of Address of Representative Assessee

LIKITHA BAI

a. I, _____, in the capacity of _____(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..19/08/2026

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

Name: _____

Designation: _____



ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ / Enrolment No.: 2086/15200/02052

Download Date: 27/09/2021

To
ಲಿಖಿತ ಬಾಯಿ
Likitha Bai
D/O: Sathishanaik
koranahalli koppalu
Korenahalli
Arakere
Hassan Kamataka - 573112
8792769571

Issue Date: 22/09/2021

Signature valid

Digitally signed by
UNIQUE IDENTIFICATION
AUTHORITY OF INDIA
Date: 2021.09.22 17:45:29
IST



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

3533 2697 7394

VID : 9177 9741 4518 1386

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India

Download Date: 27/09/2021



ಲಿಖಿತ ಬಾಯಿ
Likitha Bai
ಜನ್ಮ ದಿನಾಂಕ/DOB: 01/01/2006
♀ FEMALE

Issue Date: 22/09/2021

3533 2697 7394

VID : 9177 9741 4518 1386

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



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ಕರ್ನಾಟಕ ಸರ್ಕಾರ

ಕರ್ನಾಟಕ ಪ್ರೌಢ ಶಿಕ್ಷಣ ಪರೀಕ್ಷಾ ಮಂಡಳಿ

ಅಂಕ ಪಟ್ಟಿಹಾಗೂ 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.

105647241

ಕಾರ್ಯದರ್ಶಿ
ಕರ್ನಾಟಕ ಪ್ರೌಢ ಶಿಕ್ಷಣ ಪರೀಕ್ಷಾ ಮಂಡಳಿ, ಬೆಂಗಳೂರು
SECRETARY
KARNATAKA SECONDARY EDUCATION EXAMINATION BOARD.
BENGALURU