

Theethananda V.S



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

T H E E R T H A N A N D A

Middle Name

V E N K A T E S H A

Last Name

S A R A S W A T H I

B. Name (as per Aadhaar)

T H E E R T H A N A N D A V S

2. Gender (select one)



Male



Female



Transgender

3. Date of Birth

0 8

0 8

2 0

0 8

4. Aadhaar Number

5 1

1 7

9 2

1 0

4 4

4 9

5. Residence Address

Flat/Door/Building

2 1

Road/Street/Block/Sector

K U N D A R H O B L I , A L U R T A L U K

Post Office

K U N D U R

Area/Locality/Town/City

T H I P P A N A H A L L I

District

H A S S A N

State/Union Territory

K A R N A T A K A

Country/Region

I N D I A

PIN / ZIP CODE

5 7

3 1

2 8

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

9 1

Mobile Number

8 7

2 2

4 7

9 3

2 1

(ii) Email ID

VENKTESHVENKI82@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

V E N K A T E S H A

Father's Middle Name

T T H I P P A N A H A L L I

Father's Last Name

K E M P A I A H

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 (if any)	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

☐ Tick (i) Proof of Identity ☐ Tick (ii) Proof of Address

THEERTHANANDA V S

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..24/08/2026

Theerthananda V.S

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

Name: _____THEERTHANANDA V S

Designation: _____AUTHORIZED PERSON



GOVERNMENT OF KARNATAKA



088638801

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

ಅಂಕಗಳು ಹಾಗೂ ಶುಭಾಶಂಕೆ / Marks Statement and Certificate

ಈ ಕೆಳಗೆ ನಮೂದಿತ ಆದ್ಯಕ್ಷೆಯು ಎಸ್.ಎಸ್.ಎಲ್.ಸಿ. ಪರೀಕ್ಷೆಯಲ್ಲಿ ತೇರ್ಗಡೆಯಾಗಿದ್ದವರನ್ನು ಪ್ರಮಾಣೀಕರಿಸಿದೆ.

This is to certify that the below mentioned candidate has passed S.S.L.C. Examination.

ವರ್ಷ / Year : 2024

ප්‍රතිච්ඡිද්ධ වර්ග / Candidate Type : CCE REGULAR FRESH

ತಾಯಿಯ ಹೆಸರು / Mother's Name : SARASWATHI M T

♂ / BOY
Gender :

ಭಾಗ - ಎ / PART - A

ಶೈಕ್ಷಣಿಕ ವಿಷಯಗಳು SCHOLASTIC SUBJECTS	ಆಂತರಿಕ ಮೌಲ್ಯಮಾಪನ INTERNAL ASSESSMENT		ಬಾಹ್ಯ ಪರೀಕ್ಷೆ EXTERNAL EXAMINATION		ಒಟ್ಟು ಅಂಕಗಳು TOTAL MARKS			ಶ್ರೇಣಿ GRADE
	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	
ಪ್ರಥಮ ಭಾಷೆ / FIRST LANGUAGE KANNADA	25	25	100	100	125	44	125	A+
ದ್ವಿತೀಯ ಭಾಷೆ / SECOND LANGUAGE ENGLISH	20	20	80	74	100	35	94	A+
ತೃತೀಯ ಭಾಷೆ / THIRD LANGUAGE HINDI	20	20	80	77	100	35	97	A+
ಗಣಿತ / MATHEMATICS	20	20	80	47	100	35	67	B
ವಿಜ್ಞಾನ / SCIENCE	20	20	80	58	100	35	78	B+
ಸಾಮಾಜಿಕ ವಿಜ್ಞಾನ / SOCIAL SCIENCE	20	20	80	66	100	35	86	A
ಒಟ್ಟು ಅಂಕಗಳು / TOTAL MARKS	125	125	500	422	625	219	547	ಸರಾಸರಿ / CGPA: A

ମୋଟ ମାର୍କ୍ସ (ଅକ୍ଷରରେ) / TOTAL MARKS OBTAINED IN WORDS: FIVE HUNDRED FORTY-SEVEN ONLY

Percentage / (87.52%)

ಭಾಗ - ಬಿ / PART - B

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

KSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSE

ಶಾಲಾ ಸಂಕೇತ / SCHOOL CODE: LL0491

కాలా వేగరు మును విరాజ / SCHOOL NAME AND ADDRESS :

MORARJI DESAI RESIDENTIAL SCHOOL-BC
MASALHOSAHALLI, HASSAN, HASSAN DIST

Mangubhai
ಅಧ್ಯಕ್ಷರು
Chairperson