



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

R A C H A N A

Middle Name

Last Name

N A G A R A J A

B. Name (as per Aadhaar)

R A C H A N A N

2. Gender (select one)

Tick

Male

Tick

Female

Tick

Transgender

3. Date of Birth

1 4 0 6 2 0 0 8

4. Aadhaar Number

3 5 4 8 5 8 8 8 2 2 4 0

5. Residence Address

Flat/Door/Building

0 1

Road/Street/Block/Sector

N A G A R A L U

Post Office

N A G A R A L U

Area/Locality/Town/City

K A D U R

District

C H I K K A M A G A L U R U

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5 7 7 1 7 5

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 6 3 2 6 3 0 9 5 2

(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

Father's Middle Name

Father's Last Name

N A G A R A J A

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]

18. Permanent Account Number (if any)

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[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

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

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

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RACHANA N
a. I,, 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.**CHIKKAMAGALURU**
Date. **24/08/2026**

Rachana. n

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

Name: RACHANA N

Designation: **AUTHORIZED PERSON**

ಭಾರತ ಸರ್ಕಾರ
Government of India

ರಚನಾ ಎನ್
Rachana N
ಜನ್ಮ ದಿನಾಂಕ / DOB: 14/06/2008
ಸ್ಥಳ / Place:

Print Date: 11/04/2019

3548 5888 2240

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ಭಾರತೀಯ ಏಕೈಕ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ಎಸಾ: 3548 / ಉದ್ದೇಶ ಕೋಡ್: ನಾಗರಾಜು, ನಾಗರಾಜು, ಚಿಕ್ಕಮಗಳೂರು
577175

Print Date: 01/11/2023

Address: D/O: Naganaju, Naganahalli,
Chikkamagaluru, Karnataka, 577175

3548 5888 2240

1947 help@uidai.gov.in www.uidai.gov.in



ಕರ್ನಾಟಕ ಸರ್ಕಾರ
GOVERNMENT OF KARNATAKA

ಅಂಶಪಟ್ಟಿ ಹಾಗೂ ಪ್ರಮಾಣ ಪತ್ರ / Marks Statement cum Certificate

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

013070470

వర్ష / Year : 2024

ප්‍රවේශ වර්ග / Candidate Type: CCE REGULAR FRESH

ತಾಯಿಯ ಹೆಸರು / Mother's Name : BHAGYA

Don / GIRL
Gender :

	ಆಂತರಿಕ ಮೌಲ್ಯಮಾಪನ INTERNAL ASSESSMENT		ಬಾಹ್ಯ ಪರೀಕ್ಷೆ EXTERNAL EXAMINATION		ಒಟ್ಟು ಅಂಕಗಳು TOTAL MARKS			ಪ್ರತಿಮಾಂಕ 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	
ಶೈಕ್ಷಣಿಕ ವಿಷಯಗಳು SCHOLASTIC SUBJECTS								
ಪ್ರಥಮ ಭಾಷೆ / FIRST LANGUAGE KANNADA	25	24	100	45	125	44	69	C
ದ್ವಿತೀಯ ಭಾಷೆ / SECOND LANGUAGE ENGLISH	20	19	80	24	100	35	43	C
ತೃತೀಯ ಭಾಷೆ / THIRD LANGUAGE HINDI	20	20	80	24	100	35	44	C
ಗಣಿತ / MATHEMATICS	20	20	80	24	100	35	44	C
ವಿಜ್ಞಾನ / SCIENCE	20	20	80	24	100	35	44	C
ಸಾಮಾಜಿಕ ವಿಜ್ಞಾನ / SOCIAL SCIENCE	20	20	80	28	100	35	48	C
ಒಟ್ಟು ಅಂಕಗಳು / TOTAL MARKS	125	123	500	169	625	219	292	ಸರಾಸರಿ / CGA :

ಗಣಿಸಿದ ಒಟ್ಟು ಅಂಕಗಳು (ಅಕ್ಷರಗಳಲ್ಲಿ) / Percentage/
TOTAL MARKS OBTAINED (IN WORDS): TWO HUNDRED NINETY-TWO ONLY ಶೇಕಡಾವಾರು : (46.72%)

પાક-૩ / 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.	ದೈಹಿಕ ಮತ್ತು ಆರೋಗ್ಯ ಶಿಕ್ಷಣ / PHYSICAL & HEALTH EDUCATION	A	2.	ಮನೋಭಾವ ಮತ್ತು ಮೌಲ್ಯಗಳು / ATTITUDE & VALUES	A
3.	ಕಾರ್ಯಾನುಭವ / WORK EXPERIENCE	A	4.	ಕಲಾ ಶಿಕ್ಷಣ / ART EDUCATION	A

KSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABK

ಶಾಲಾ ಹೆಸರು ಮತ್ತು ವಿಳಾಸ / SCHOOL NAME AND ADDRESS:

JODI HOCHIHALLI NAGARALU [PO], KADUR TALUK,
CHIKKAMAGALURU DISTRICT

Chairperson