



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

D O D D I B E E R A N A H A L L I

Middle Name

M A N J U N A T H A

Last Name

L O H I T H

B. Name (as per Aadhaar)

D M L O H I T H

2. Gender (select one)



Male



Female



Transgender

3. Date of Birth

0

4

1

2

2

0

0

6

4. Aadhaar Number

8

2

2

8

1

1

8

3

8

0

0

3

5. Residence Address

Flat/Door/Building

0

1

Road/Street/Block/Sector

D O D D I B E E R A N A H A L L I

Post Office

D E V A N U R

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)



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

6

3

6

2

2

3

2

0

9

8

(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)

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

M A N J U N A T H

Father's Middle Name

D O D D I B E E R A N A H A L L I

Father's Last Name

S H I V A N N 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

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							

[illegible]

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

☒ (i) Proof of Identity ☒ (ii) Proof of Address ☒ (iii) Proof of Date of Birth

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

DM Lohith

Designation: **AUTHORIZED PERSON**



ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 0707/06006/03263

To

ಡಿ ಎಮ್ ಲೋಹಿತ್

D M Lohith

S/O: Manjunath D S,

Doddibeeranahalli,

VTC: Devanur,

PO: Devanur,

Sub District: Kadur,

District: Chickmagalur,

State: Karnataka,

PIN Code: 577175,

Mobile: 6362232098

Signature valid

Digitally signed by D M Lohith, Unique
Identification Authority of India
DN
Date: 2026.05.13 13:43:07
IST



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

8228 1183 8003

VID : 9130 5716 1099 4681

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India

Aadhaar no. issued: 09/05/2014



ಡಿ ಎಮ್ ಲೋಹಿತ್

D M Lohith

ಜನ್ಮ ದಿನಾಂಕ/DOB: 04/12/2006

ಪುರುಷ/ MALE

ಆಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯಾಗಿದೆ, ಪೌರತ್ವ ಅಥವಾ ಜನ್ಮ ದಿನಾಂಕದ ಪುರಾವೆ
ಅಲ್ಲ. ಇದನ್ನು ಆನ್‌ಲೈನ್ ದೃಢೀಕರಣ ಅಥವಾ QR ಕೋಡ್ / ಆಫ್‌ಲೈನ್ XML
ಸ್ಕ್ಯಾನಿಂಗ್‌ನೊಂದಿಗೆ ಮಾತ್ರ ಬಳಸಬೇಕು.

Aadhaar is proof of identity, not of citizenship or date of
birth. It should be used only with verification (online
authentication or scanning of QR code / offline XML)

8228 1183 8003

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು




 ಸರ್ಕಾರಿ ಪ್ರತಿಷ್ಠಾನ
 GOVERNMENT OF KARNATAKA



019239849

ಕರ್ನಾಟಕ ಪ್ರೌಢ ಶಿಕ್ಷಣ ಪರೀಕ್ಷಾ ಮಂಡಳಿ
Karnataka Secondary Education Examination Board

ಅನುಪಸ್ಥಿತಿಯಾಗಿದ್ದು ಪ್ರಮಾಣ ಪತ್ರ / Marks Statement cum Certificate

ಈ ಕೆಳಗೆ ಸಮೂಹದ ಆದ್ಯಕ್ಷೆಯು ಎಸ್.ಎಸ್.ಎಲ್.ಸಿ. ಪರೀಕ್ಷೆಯಲ್ಲಿ ಕೆಳಗಿನವುಗಳಾದುದನ್ನು ಪ್ರಮಾಣೀಕರಿಸಿದೆ.

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

Service - Issue / Month - Year : **APRIL-2022**

ਉਤਪਤੀ / Candidate Type : CCE REGULAR FRESH

ತಾಯಿಯ ಹೆಸರು / Mother's Name : **V N VASANTHA KUMARI**

Boi / **BOY**
Gender :

Q25 - 2 / PART - A

ಹೊಂದಿಕೆಯಾದ ಒಟ್ಟು ಅಂಕಗಳು (ಅಕ್ಷರಗಳಲ್ಲಿ) / TOTAL MARKS OBTAINED (IN WORDS):	FOUR HUNDRED EIGHTY ONLY	Percentage / ಶೇಕಡೆ : (76.8%)
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WORK - 15 / PART - B

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

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ಶಾಲೆ ಹೆಸರು ಮತ್ತು ವಿಳಾಸ / SCHOOL NAME AND ADDRESS

DEVANUR,KADUR TALUK,CHICKMAGALUR DISTRICT-577175

Inyaka

water color

ಕರ್ನಾಟಕ ಪಶ್ಚಿಮ ಬೆಂಗಾಳ ಪರೀಕ್ಷಾ ಮಂಡಳಿ, ಬೆಂಗಳೂರು

SECRETARY

KARNATAKA SECONDARY EDUCATION EXAMINATION BOARD,
BENGALURU

DATE: 19-05-2022