

Vinayaka.C

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

V I N A Y A K A

Middle Name

Last Name

C H A N D R A S H E K A R A

B. Name (as per Aadhaar)

V I N A Y A K A C

2. Gender (select one)



Male



Female



Transgender

3. Date of Birth

2

0

0

8

2

0

0

8

4. Aadhaar Number

8

9

8

0

3

2

9

2

6

4

1

3

5. Residence Address

Flat/Door/Building

C / O C H A N D R A S H E K A R

Road/Street/Block/Sector

S A L A G A M E H O B A L I , S A N N E N A

Post Office

U G A N E

Area/Locality/Town/City

U G A N E

District

H A S S A N

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

7

3

2

1

6

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

2

7

7

3

7

0

8

7

7

(ii) Email ID

chandrashekarvinayakac@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

Father's Middle Name

Father's Last Name

C H A N D R A S H E K A R 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][illegible][illegible]

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

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

a. I, VINAYAKA C, 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...30/08/2026

Ulmayaka.c

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

Name: VINAYAKA C

Designation: **AUTHORIZED PERSON**



सत्यमेव जयते
भारत सरकार



ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

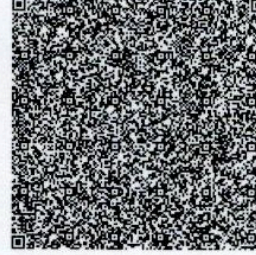
ನೋಂದಣಿ ಸಂಖ್ಯೆ / Enrollment No.: 4050/50020/13500

To
ವಿನಾಯಕ ಸಿ
Vinayaka C
S/O: Chandrashekar C,
Salagame Hobali, Sannenahalli,
VTC: Ugane,
PO: Ugane,
Sub District: Alur, District: Hassan,
State: Karnataka,
PIN Code: 573216,
Mobile: 9880487857

97605168



MC976051687FL



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

8980 3292 6413

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



Issue Date : 08/09/2015



ವಿನಾಯಕ ಸಿ
Vinayaka C
ಜನ್ಮ ದಿನಾಂಕ / DOB : 20/08/2008
ಪುರುಷ / Male

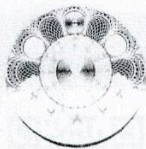
ಭಾರತ ಸರ್ಕಾರ

Government of India



8980 3292 6413

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಕರ್ನಾಟಕ ಸರ್ಕಾರ
GOVERNMENT OF KARNATAKA

A black and white portrait of a young man with short, dark hair, wearing a light-colored dress shirt and a dark, diagonally striped tie. He is looking directly at the camera with a neutral expression. The background is a mottled, light gray.

ಅಂಕಪಟ್ಟಿ ಹಾಗೂ 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.

004266747

ನೋಂದಣಿ ಸಂಖ್ಯೆ / Register No. : 20240746837

ವರ್ಷ / Year : 2024

ಶಿಕ್ಷಣ ಮಾಧ್ಯಮ / Medium of Instruction : KANNADA

ಅಭ್ಯರ್ಥಿ ಬಗ್ಗೆ / Candidate Type : CCE REGULAR FRESH

ಅಭ್ಯರ್ಥಿಯ ಹೆಸರು / Candidate's Name : VINAYAKA C

ತಂದೆಯ ಹೆಸರು / Father's Name : CHANDRASHEKARA

ತಾಯಿಯ ಹೆಸರು / Mother's Name : BHAVANI

ಜನ್ಮ ದಿನಾಂಕ /
Date of Birth : 20-08-2008 TWENTIETH - AUGUST - TWO THOUSAND EIGHT

બાળક / 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	53	125	44	78	B
ದ್ವಿತೀಯ ಭಾಷೆ / SECOND LANGUAGE ENGLISH	20	18	80	47	100	35	65	B
ತೃತೀಯ ಭಾಷೆ / THIRD LANGUAGE HINDI	20	20	80	32	100	35	52	C+
ಗಣಿತ / MATHEMATICS	20	20	80	33	100	35	53	C+
ವಿಜ್ಞಾನ / SCIENCE	20	20	80	29	100	35	49	C
ಸಮಾಜ ವಿಜ್ಞಾನ / SOCIAL SCIENCE	20	20	80	51	100	35	71	B+
ಒಟ್ಟು ಅಂಕಗಳು / TOTAL MARKS	125	123	500	245	625	219	368	ಸರಾಸರಿ / CGA : C+

ಗಳಿಸಿದ ಒಟ್ಟು ಅಂಕಗಳು (ಅಕ್ಷರಗಳಲ್ಲಿ) /
TOTAL MARKS OBTAINED (IN WORDS): THREE HUNDRED SIXTY-EIGHT ONLY

Percentage / (58.88%)
 ಶೇಕಡಾವಾರು .

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.	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

[illegible]

ಶಾಲಾ ಸಂಕೇತ / SCHOOL CODE: LL0191

ಶಾಲಾ ಹೆಸರು ಮತ್ತು ವಿಳಾಸ / SCHOOL NAME AND ADDRESS :

BASAVESHWARA RURAL HIGH SCHOOL

UGANE DEVAGODANAHALLY HASSAN TALUK, HASSAN DISTRICT-
573211

Maryanne

ಅಧ್ಯಕ್ಷರು
Chairperson

24347997