

**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

S A M A N V I T H A

Middle Name

A R K A L A G U D

Last Name

R A V I K U M A R

B. Name (as per Aadhaar)

S A M A N V I T H A A R

2. Gender (select one)☐ Tick

Male

☒ Tick

Female

☐ Tick

Transgender

3. Date of Birth

0 4 0 4 2 0 0 8

4. Aadhaar Number

8 9 1 9 6 2 8 4 3 2 9 4

5. Residence Address

Flat/Door/Building

N O 5 8 1 S A V I N I L A Y A

Road/Street/Block/Sector

S A D A S H I V A N A G A R A

Post Office

T E J U R

Area/Locality/Town/City

C H I K A B A L L A P U R A

District

H A S S A N

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5 7 3 2 1 9

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 9 6 4 0 3 6 6 2 5

(ii) Email ID

samanvithaarsh@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

R A V I K U M A R

Father's Middle Name

A R K A L A G U D

Father's Last Name

P A P 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

[illegible][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

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

Designation: **AUTHORIZED PERSON**



ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಕಿಡ್ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ / Enrolment No.: 0129/11101/00794

To

ಸಮನ್ವಿತ ಎ ಆರ್

Samarvitha A R

D/O Ravikumar A P,

No 581 Savi Nilaya,

Sadashivnagar,

VTC: Chikhalundagoda,

PO: Tejur,

District: Hassan,

State: Karnataka,

PIN Code: 573219,

Mobile: 9964036625

Signature valid



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

8919 6284 3294

VID : 9145 5530 2011 8019

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India

Aadhaar no. issued: 13/09/2015



ಸಮನ್ವಿತ ಎ ಆರ್

Samarvitha A R

ಜನ್ಮ ದಿನಾಂಕ/DOB: 04/04/2008

ಸ್ತ್ರೀ / FEMALE

ಆಧಾರ್ ಗುರುತಿನ ಪ್ರಮಾಣವಾಗಿದೆ, ನಾಗರಿಕತ್ವ ಅಥವಾ ಜನ್ಮ ದಿನಾಂಕದ ಪ್ರಮಾಣವಲ್ಲ. ಇದನ್ನು ಉಪಯೋಗಿಸಲು ಅಥವಾ ಈ ಮಾಹಿತಿ / ಅಧಿಕೃತತೆ ನನ್ನ ವಿವರಗಳೊಂದಿಗೆ ಮಾತ್ರ ಬಳಸಬಹುದು.

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.)

8919 6284 3294

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