

DARSHAN.B.R.



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 A R S H A N

Middle Name

B A S A V A G H A T T A

Last Name

R A V I

B. Name (as per Aadhaar)

D A R S H A N B R

2. Gender (select one)



Male



Female



Transgender

3. Date of Birth

2

6

0

6

2

0

0

8

4. Aadhaar Number

6

1

1

4

1

3

6

6

7

2

5

9

5. Residence Address

Flat/Door/Building

C / O R A V I

Road/Street/Block/Sector

D U D D A H O B L I

Post Office

B A S A V A G A T T A

Area/Locality/Town/City

H A S S A N

District

H A S S A N

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5 7 3 1 6 2

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

9 6 8 6 6 7 6 1 8 2

(ii) Email ID

yukthainsurance@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

R A V I

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]

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

[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

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

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

SELF

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..02/09/2026

DARSHAN.B.R.

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

Name: DARSHAN B R

Designation: **AUTHORIZED PERSON**



ಭಾರತ ಸರ್ಕಾರ
Government of India

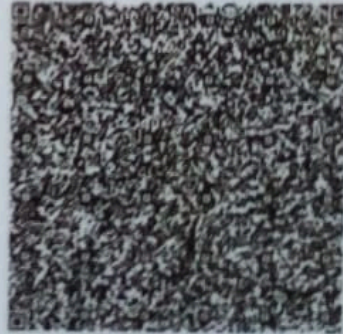
ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 2738/02084/05392

To
ದರ್ಶನ್ ಬಿ ಆರ್
Darshan B R
S/O: Ravi
dudda hobli
Basavagatta
Hassan Karnataka - 573162
9901180648

Signature valid

(Digitally signed by Darshan B R, DN: cn=Darshan B R, o=Unique Identification Authority of India, email=darshan.br@uidai.gov.in, c=IN)



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

6114 1366 7259

VID : 9193 4995 7284 0881

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India



ದರ್ಶನ್ ಬಿ ಆರ್
Darshan B R
ಜನನ ದಿನಾಂಕ/DOB: 26/06/2008
ಪುರುಷ/ MALE

Issue Date: 04/12/2013

