



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 I G A M B A R

Middle Name

S A G A R

Last Name

M A N A W A D D A R

B. Name (as per Aadhaar)

D I G A M B A R S A G A R M A N A W A D D A R

2. Gender (select one)



Male



Female



Transgender

3. Date of Birth

1

8

0

5

2

0

0

8

4. Aadhaar Number

2

6

2

0

9

9

4

6

5

1

4

6

5. Residence Address

Flat/Door/Building

H O U S E N O -

2

7

1

1

,

Road/Street/Block/Sector

W A D D A R

G

A

L

L

I

Post Office

S A N K E S H W A R

Area/Locality/Town/City

S A N K E S H W A R

District

B E L A G A V I

State/Union Territory

KARNATAKA

Country/Region

I N D I A

PIN / ZIP CODE

5

9

1

3

1

3

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

7

9

2

3

9

7

2

7

6

(ii) Email ID

karnatakaonesankeshwar01@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

S A G A R

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	5	2	1	(iv) AO No.	9	3

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

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

a. I, DIGAMBAR SAGAR MANAWADDAR, 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: BELAGAVI

Date: 04/09/2026



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

Name: **DIGAMBAR SAGAR MANAWADDAR**

Designation: **AUTHORIZED PERSON**



ಭಾರತ ಸರ್ಕಾರ
Government of India

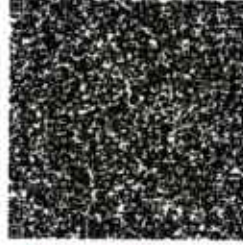
ಭಾರತೀಯ ವಿಕಿಪ್ಪ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ Enrolment No.: 0821/85895/00552

To
ದಿಗಂಬರ ಸಾಗರ ಮನವದ್ದಾರ
Digambar Sagar Manawaddar
S/O Sagar Manawaddar,
House No - 2711, Waddar Galli,
Tq - Hukkeri,
VTC: Sankeshwar,
PO: Sankeshwar,
District: Belgaum,
State: Karnataka,
PIN Code: 591313,
Mobile: 8792397276

Signature valid

Digambar Sagar Manawaddar
Signature valid
Date: 18/05/2008 15:08:07
UID: 2620 9946 5146



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

2620 9946 5146

VID : 9187 1626 5814 1893

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India

Aadhaar no. issued: 3672320011



ದಿಗಂಬರ ಸಾಗರ ಮನವದ್ದಾರ
Digambar Sagar Manawaddar
ಜನ್ಮ ದಿನಾಂಕ/DOB: 18/05/2008
ಪುರುಷ/ MALE

ಆಧಾರ್ ಗುರುತಿನ ಪ್ರಮಾಣವಾಗಿದೆ, ಪೌರತ್ವ ಅಥವಾ ಜನ್ಮ ದಿನಾಂಕದ ಪ್ರಮಾಣವಲ್ಲ. ಇದನ್ನು ಅನ್ವಯಿಸಲು ಮಾತ್ರ ಬಳಸಬೇಕು / ಅಧಾರ್ ನಾಳೆ XML ಮತ್ತು ನಿರ್ಗಮನದ ಮೂಲಕ 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.)

2620 9946 5146

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



Z2NA26707

ಅಂಕಪಟ್ಟಿ ಹಾಗೂ ಪ್ರಮಾಣ ಪತ್ರ / Marks Statement cum Certificate

ಈ ಕೆಳಗೆ ನಮೂದಿತ ಅಭ್ಯರ್ಥಿಯು ಎಸ್.ಎಸ್.ಎಲ್.ಸಿ. ಪರೀಕ್ಷೆಯಲ್ಲಿ ತೇರ್ಗಡೆಯಾಗಿರುವುದನ್ನು ಪ್ರಮಾಣೀಕರಿಸಿ.

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



006128073

Year : 2024

అభ్యర్థి పేరు / Candidate Type : CCE REGULAR FRESH

ತಾಯಿಯ ಹೆಸರು / Mother's Name : SHIVAKKA

Gender : **BOY**

ଫର୍ମ - ୧ / PART - A

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.	ಕಾರ್ಯಾಣನುಭವ / WORK EXPERIENCE	A	4.	ಕಲಾ ಶಿಕ್ಷಣ / ART EDUCATION	A

KSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSE

SANKESHWARA, HUKKERI TALUK, CHIKKODI DIST

Maryanne

ಅಧ್ಯಕ್ಷರು

Chairperson

24426027