

**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

A

S

H

O

K

A

Middle Name

N

I

D

U

D

I

Last Name

K

A

R

I

G

O

W

D

A

B. Name (as per Aadhaar)

A

S

H

O

K

A

N

K

2. Gender (select one)☒

Male

☐

Female

☐

Transgender

3. Date of Birth

0

9

0

2

1

9

8

5

4. Aadhaar Number

8

5

6

1

6

3

7

1

4

3

2

8

5. Residence Address

Flat/Door/Building

0

Road/Street/Block/Sector

K

A

S

A

B

A

H

O

B

L

I

,

N

I

D

Post Office

D

O

D

D

A

P

U

R

A

Area/Locality/Town/City

D

O

D

D

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

1

1

8

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

0

3

6

0

0

9

3

2

6

(ii) Email ID

smksevakendra@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

K

A

R

I

G

O

W

D

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

a. I, ASHOKAN K, 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..04/09/2026

Aditi

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

Name: ASHOKA N K

Designation: **AUTHORIZED PERSON**



ಭಾರತ ಸರ್ಕಾರ
Government of India

Aadhaar no. issued: 11/03/2014



ಅಶೋಕ ಎನ್ ಕೆ

Ashoka N K

ಜನ್ಮ ದಿನಾಂಕ/DOB: 09/02/1985

ಪುರುಷ/ MALE

Mobile: 9036009326

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)

8561 6371 4328



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

Unique Identification Authority of India



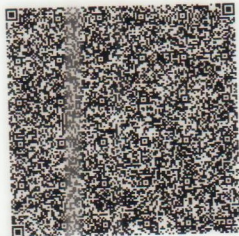
Details as on: 13/07/2026

ವಿಳಾಸ:

S/O: ಕರೀಗೌಡ, ಕಸಬಾ ಹೋಬಳಿ, ನಿದೂಡಿ ಗ್ರಾಮ,
ದೊಡ್ಡಪುರ, ದೊಡ್ಡಪುರ, ಹಾಸನ,
ಕರ್ನಾಟಕ - 573118

Address:

S/O: Karigowda, Kasaba Hobli, Nidudi Village,
Doddapura, PO: Doddapura, DIST: Hasan,
Karnataka - 573118



8561 6371 4328

VID : 9151 6885 0630 8558

☎ 1947

✉ help@uidai.gov.in

🌐 www.uidai.gov.in

DL No. : KA13 20150002634
NAME : ASHOKA N K
D.O.B : 09/02/1985
VALID TILL : 04/02/2035(NT)

DOI : 05/02/2015

FORM - 7
[See Rule 16(2)]

B.G. :



VALID THROUGHOUT INDIA

COV: MCWG 05/02/2015

: LMV 05/02/2015

: Agri.TrTl 05/02/2015

CDOI: 28/02/2015

S/o : KARI GOWDA

ADDRESS : NIDUDI (V) DODDAPURA POST HASSAN TQ &
DIST 573201

Ashok

Sign. Of Holder

Sign. Licencing Authority
HASSAN (KA13)