

**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

Middle Name

Last Name

K A L A P P A N A V A R

B. Name (as per Aadhaar)

V I N A Y A K K A L A P P A N A V A R

2. Gender (select one)

Male



Female



Transgender

3. Date of Birth

0

9

0

7

2

0

0

6

4. Aadhaar Number

5

1

1

4

5

6

1

5

9

8

3

9

5. Residence Address

Flat/Door/Building

C / O

C H A N D R A H A S

K A L A P P A N A

Road/Street/Block/Sector

N E A R

B H A V I

B A S A V E S H W A R

G

Post Office

P A P A N A S H I

Area/Locality/Town/City

P A P A N A S H I

District

G A D A G

State/Union Territory

K A R N A T A K A

Country/Region

I N D I A

PIN / ZIP CODE

5

8

2

1

0

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

9

1

4

8

8

9

6

8

9

2

(ii) Email ID

muttuadavisomapur@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

C H A N D R A H A S

Father's Middle Name

Father's Last Name

K A L A P P A N A V 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	4	1	1	(iv) AO No.	1	1

[illegible]

18. Permanent Account Number (if any)

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[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									
(i) Mobile Number	Country Code				Mobile Number				
(ii) Email ID									
(iii) Landline No. with STD Code (if any)	STD Code				Landline Number				

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

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VINAYAK KALAPPANAVAR

a. I,, 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. **GADAG**

Date. **04/09/2026**

ಬಿನ್ನಾಯಕ

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

Name: VINAYAK KALAPPANAVAR

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.: 0000/00489/44587

To
ವಿನಾಯಕ ಕಾಳಪ್ಪನವರ
VINAYAK KALAPPANAVAR
CHANDRAHAS,
NEAR BHAVI BASAVESHWAR GUDI,
VTC: Papanashi,
PO: Papanashi,
District: Gadag,
State: Karnataka,
PIN Code: 582103,
Mobile: 7090078093

18738617



MC187386177FL



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

5114 5615 9839

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India



Issue Date : 24/08/2013



ವಿನಾಯಕ ಕಾಳಪ್ಪನವರ
VINAYAK KALAPPANAVAR
ಜನ್ಮ ದಿನಾಂಕ / DOB : 09/07/2006
ಪುರುಷ / Male

5114 5615 9839

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

22389179

ZMB10804



068295823

Register No. : 20220439395

Date - Month - Year : APRIL-2022

Medium of Instruction : KANNADA

Candidate Type : CCE REGULAR FRESH

Name : VINAYAK KALAPPANAVAR

Father's Name : CHANDRAHAS

Mother's Name : SUNANDA

Date of Birth : 09-07-2006 NINTH - JULY - TWO THOUSAND SIX

Gender : BOY

ಶಿಕ್ಷಣಿಕ ವಿಷಯಗಳು SCHOLASTIC SUBJECTS	ಬಾಹ್ಯ ಪರೀಕ್ಷೆ EXTERNAL EXAMINATION			ಆಂತರಿಕ ಪರೀಕ್ಷೆ INTERNAL ASSESSMENT			ಒಟ್ಟು ಅಂಕಗಳು TOTAL MARKS		ಶ್ರೇಣಿ GRADE
	ಗರಿಷ್ಠ ಅಂಕಗಳು MAX. MARKS	ಕನಿಷ್ಠ ಅಂಕಗಳು MIN. MARKS	ನಿರ್ದಿಷ್ಟ ಅಂಕಗಳು MARKS OBTAINED	ಗರಿಷ್ಠ ಅಂಕಗಳು MAX. MARKS	ಕನಿಷ್ಠ ಅಂಕಗಳು MIN. MARKS	ನಿರ್ದಿಷ್ಟ ಅಂಕಗಳು MARKS OBTAINED	ಗರಿಷ್ಠ ಅಂಕಗಳು MAX. MARKS	ಕನಿಷ್ಠ ಅಂಕಗಳು MIN. MARKS	
ಪ್ರಥಮ ಭಾಷೆ / FIRST LANGUAGE : KANNADA	100	35	49	25	19	135	44	68	C+
ದ್ವಿತೀಯ ಭಾಷೆ / SECOND LANGUAGE : ENGLISH	80	28	30	20	18	100	38	48	C
ತೃತೀಯ ಭಾಷೆ / THIRD LANGUAGE : HINDI	80	28	50	20	15	100	35	65	B
ಗಣಿತ / MATHEMATICS	80	28	46	20	15	100	35	61	B
ವಿಜ್ಞಾನ / SCIENCE	80	28	66	20	17	100	35	83	A
ಸಾಮಾಜಿಕ ವಿಜ್ಞಾನ / SOCIAL SCIENCE	80	28	74	20	16	100	35	90	A+
ಒಟ್ಟು ಅಂಕಗಳು / TOTAL MARKS :	500	175	315	125	100	625	219	415	ಮೊತ್ತ / CGA : B

ನಿರ್ದಿಷ್ಟ ಒಟ್ಟು ಅಂಕಗಳು (ಅಕ್ಷರಗಳಲ್ಲಿ) /
TOTAL MARKS OBTAINED (IN WORDS) : FOUR HUNDRED FIFTEEN ONLYPercentage /
ಶೇಕಡೆ : (66.4%)

ಭಾಗ - ಬಿ / PART - B		
ಕ್ರ. ಸಂ. / Sl. No.	ಸಹ ಶಿಕ್ಷಣಿಕ 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

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ಶಾಲಾ ಸಂಕೇತ / SCHOOL CODE : MB0202

ಶಾಲಾ ಹೆಸರು ಮತ್ತು ವಿಳಾಸ / SCHOOL NAME AND ADDRESS
GOVT HIGH SCHOOL

KADMPURA, MUNDARAGI TQ, GADAG DIST-582103

ಕಾರ್ಯದರ್ಶಿ
ಕರ್ನಾಟಕ ಪ್ರೌಢ ಶಿಕ್ಷಣ ಪರೀಕ್ಷಾ ಮಂಡಳಿ, ಬೆಂಗಳೂರು
SECRETARYKARNATAKA SECONDARY EDUCATION EXAMINATION BOARD,
BENGALURU

ದಿನಾಂಕ / DATE : 19-05-2022