

**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 E E P A K

Middle Name

C H O W D A R I G O L L A R A H O S A H A L L I

Last Name

J A G A D E E S H

B. Name (as per Aadhaar)

D E E P A K C H O W D A R I G J

2. Gender (select one)

Male



Female



Transgender

3. Date of Birth

1

9

0

8

2

0

0

8

4. Aadhaar Number

7

5

9

5

7

3

5

4

1

1

1

5

5. Residence Address

Flat/Door/Building

G O L L A R A H O S A H A L L I

Road/Street/Block/Sector

C H A N N A R A Y A P A T T A N A T A L U K

Post Office

G O L L A R A H O S A H A L L I

Area/Locality/Town/City

G O L L A R A H O S A H A L L I

District

H A S S A N

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

7

3

1

1

6

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

4

8

2

8

4

4

1

2

4

(ii) Email ID

colorsnetwork@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

J A G A D E E S H

Father's Middle Name

G O L L A R A H O S A H A L L I

Father's Last Name

T H I M M E 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

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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 (<i>if any</i>)	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

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

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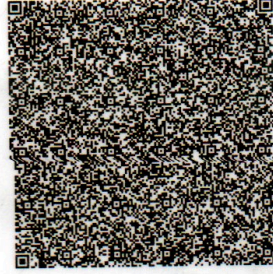
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Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 2825/07512/06710

To
ದೀಪಕ್ ಚೌದರಿ ಜಿ ಜಿ
Deepak Chowdari G J
S/O: Jagadeesh G T
Gollara Hosahalli
Hassan Karnataka - 573116
9900242798

Signature
Digitally signed by
UNIQUE IDENTIFICATION
Authority of India
Date: 2015.08.08 17:42
UTC



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

7595 7354 1115

VID : 9198 4393 6626 9221

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ಭಾರತ ಸರ್ಕಾರ
Government of India



ದೀಪಕ್ ಚೌದರಿ ಜಿ ಜಿ
Deepak Chowdari G J
ಜನನ ದಿನಾಂಕ/DOB: 19/08/2008
ಪುರುಷ/ MALE

Issue Date: 08/09/2015

7595 7354 1115

VID : 9198 4393 6626 9221

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