



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

S H A L I N I

Middle Name

Last Name

Y O G E S H

B. Name (as per Aadhaar)

S H A L I N I Y

2. Gender (select one)

☐

Male

☒

Female

☐

Transgender

3. Date of Birth

0

7

0

8

2

0

0

8

4. Aadhaar Number

6

2

0

5

7

1

9

2

7

3

6

4

5. Residence Address

Flat/Door/Building

C / O Y O G E S H

Road/Street/Block/Sector

K A T T A Y A H O B L I , K A L L A H A L L

Post Office

S E T T I H A L L I

Area/Locality/Town/City

H A S A N

District

H A S S A N

State/Union Territory

KARNATAKA

Country/Region

I N D I A

PIN / ZIP CODE

5

7

3

1

2

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

9

6

4

5

9

2

2

6

7

(ii) Email ID

LEEMAROSUPREME@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

Y O G E S H

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][illegible][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

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

Designation: **AUTHORIZED PERSON**



ಭಾರತ ಸರ್ಕಾರ
Government of India



ಶಾಲಿನಿ ಯ
Shalini Y
ಜನನ ದಿನಾಂಕ/DOB: 07/08/2008
FEMALE

6205 7192 7364

VID : 9175 9549 2596 5399

ನನ್ನ ಆಧಾರ್. ನನ್ನ ಗುರುತು



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಅಧಿಕಾರಿ
Unique Identification Authority of India

ದಿವಾಳಿ:
D/O: ಯೋಗಶಾ, ಕಟ್ಟಾಯಾ ಹೊಬ್ಬಿ, ಕೊಲಹಳ್ಳಿ ಗ್ರಾಮ,
ಕೊಲಹಳ್ಳಿ, ಹಸನ್,
ಪಿನ್ ಕೋಡ್ - 573128

Address:
D/O: Yogesha, kattaya Hobli, Kolahally
Village, Setthihalli, Hasan,
Karnataka - 573128



6205 7192 7364

VID : 9175 9549 2596 5399

1947 | feedback@uidai.gov.in | www.uidai.gov.in



Z2LL02880

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



006122118

બોલ / **GIRL**
Gender :

Chairperson

243-17054