

**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

B H U V A N E S H W A R I

Middle Name

D O D D A M E T I K U R K E

Last Name

R A V I K U M A R

B. Name (as per Aadhaar)

B H U V A N E S H W A R I D R

2. Gender (select one)☐ Tick

Male

☒ Tick

Female

☐ Tick

Transgender

3. Date of Birth

0

9

0

9

2

0

0

8

4. Aadhaar Number

6

8

0

2

1

3

3

7

9

0

8

6

5. Residence Address

Flat/Door/Building

4

Road/Street/Block/Sector

S H A S H I V A L A R O A D

Post Office

D O D D A M E T T I K U R K E

Area/Locality/Town/City

A R S I K E R E

District

H A S S A N

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

7

3

1

1

7

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)☒ Tick

Resident

☐ Tick

Non Resident

☐ Tick

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

8

0

4

1

3

9

9

4

(ii) Email ID

snsdmk0413@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)**☐ Tick

Salary

☐ Tick

Income from Business/Profession

☐ Tick

Income from House Property

☐ Tick

Capital Gains

☒ Tick

Income from Other Sources

☐ Tick

No Income

PART C - Details of Parents**12. Whether mother/father is a single parent? (select one)**☐ Tick

Yes

☒ Tick

No

13. Father's First Name

R A V I K U M A R

Father's Middle Name

D O D D A M E T I K U R K E

Father's Last Name

M A R U L A P P 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

[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

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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BHUVANESHWARI D R

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. **HASSAN**

Date. **16/09/2026**

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

Name: _____ **BHUVANESHWARI D R**

Designation: _____ **AUTHORIZED PERSON**



ಭಾರತ ಸರ್ಕಾರ

Government of India



Issue Date: 16/10/2013



ಬುವನೇಶ್ವರಿ ಡಿ ಆರ್

Bhuvaneshwari D R

ಜನ್ಮ ದಿನಾಂಕ / DOB: 09/09/2008

ಸ್ತ್ರೀ / Female

6802 1337 9086

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತೀಯ ಏಕೀಕೃತ ಗುರುತು ಪ್ರಾಧಿಕಾರ

Unique Identification Authority of India



Print Date: 14/10/2023

ವಿಳಾಸ: D/O: ರವಿಕುಮಾರ್ ಡಿ ಎಚ್, 4, ಶಶಿವಾಲ ರೋಡ್,
ದೊಡ್ಡಮೇತುರ್ಕು, ಹಾಸನ್, ಕರ್ನಾಟಕ, 573117

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