

**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

Middle Name

Last Name

N A R A Y A N A P P A

B. Name (as per Aadhaar)

N A R A Y A N A P P A

2. Gender (select one)

Male



Female



Transgender

3. Date of Birth

0

1

0

1

1

9

8

6

4. Aadhaar Number

9

6

1

3

3

0

6

2

5

6

0

0

5. Residence Address

Flat/Door/Building

G

A

N

G

A

N

A

G

A

R

H

O

S

S

U

R

Road/Street/Block/Sector

H

O

S

U

R

Post Office

H

O

S

S

U

R

Area/Locality/Town/City

H

O

S

U

R

District

C

H

I

K

K

A

B

A

L

L

A

P

U

R

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

6

1

2

1

0

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

0

8

4

8

0

9

3

1

(ii) Email ID

NARAYANAPPANARAYANAPPA24@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

A

S

H

W

A

T

H

A

P

P

A

Father's Middle Name

Father's Last Name

A

S

H

W

A

T

H

A

P

P

A

NARAYANAPPA

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.**CHIKKABALLAPUR**

Date..**16/09/2026**



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

Name: _____**NARAYANAPPA**

Designation: _____**AUTHORIZED PERSON**



ಭಾರತ ಸರ್ಕಾರ
Government of India

Aadhaar no. issued: 28/02/2014



ನಾರಾಯಣಪ್ಪ
Narayanappa
ಜನ್ಮ ದಿನಾಂಕ/DOB: 01/01/1986
ಪುರುಷ/ MALE

ಆಧಾರ್ ಗುರುತಿನ ಪರಾವರ್ತಕವಾಗಿದೆ, ಪೌರತ್ವ ಅಥವಾ ಜನ್ಮ ದಿನಾಂಕದ ಪರಾವರ್ತಕವಲ್ಲ. ಇದನ್ನು ಆನ್‌ಲೈನ್ ವ್ಯವಹಾರದ ಅಥವಾ ೧೨ ಕೋಡ್ / ಆನ್‌ಲೈನ್ 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)

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ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

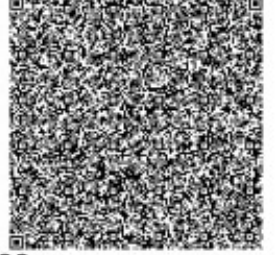


ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India



Details as on: 16/09/2026

ವಿಳಾಸ:
S/O: ಅಶ್ವಪ್ಪ, ಹೊಸೂರ್, ಹೊಸೂರು, ಚಿಕ್ಕಬಳ್ಳಾಪುರ,
ಕರ್ನಾಟಕ - 561210
Address:
S/O: Ashwathappa, Hosur, PO: Hosur, DIST:
Chikkaballapur,
Karnataka - 561210



9613 3062 5600

VID : 9191 5388 6791 6695

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help@uidai.gov.in

www.uidai.gov.in

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https://web.whatsapp.com

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Today at 5:49 PM

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Name/ ಹೆಸರು
Narayanappa
ನಾರಾಯಣಪ್ಪ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ
91-7418-5681-1822

Abha Address/ ಅಭಾ ವಿಳಾಸ
91741856811822@abdm

Gender/ ಲಿಂಗ
Male / ಗಂಡು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ
01-01-1986

Mobile/ ಮೊಬೈಲ್
-

QR Code