

**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

P R E E T H I

Middle Name

T H A G A R E

Last Name

M A N J U N A T H A

B. Name (as per Aadhaar)

P R E E T H I T M

2. Gender (select one)☐ Male ☒ Female ☐ Transgender**3. Date of Birth**

2 7 1 0 2 0 0 5

4. Aadhaar Number

3 8 8 3 2 3 2 8 9 8 3 2

5. Residence Address

Flat/Door/Building

C H A N D R A A L H O U S E

Road/Street/Block/Sector

N E A R W A T E R T A N K

Post Office

S E R E G A

Area/Locality/Town/City

S E R E G A

District

H A S S A N

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5 7 3 2 0 1

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 0 3 4 6 6 4 8

(ii) Email ID

PREETHITM948@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

M A N J U N A T H 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

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

[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

☒ (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

PREETHI T M

PREETHI T M **SELF**
a. I,, in the capacity of(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 18/09/2026

Practio T.M.

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

Name: PREETHI T M

Designation: **AUTHORIZED PERSON**

