

**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

S A N J A N A

**B. Name (as per Aadhaar)**

S A N J A N A

**2. Gender (select one)**☐ Tick

Male

☒ Tick

Female

☐ Tick

Transgender

**3. Date of Birth**

0

3

0

9

2

0

0

8

**4. Aadhaar Number**

5

5

5

7

4

4

2

5

1

8

7

6

**5. Residence Address**

Flat/Door/Building

A

N

K

U

S

H

A

P

U

R

A

G

R

A

M

A

Road/Street/Block/Sector

B

A

S

A

R

A

L

U

H

O

B

A

L

I

Post Office

B

E

N

N

A

H

A

T

T

I

P

O

S

T

Area/Locality/Town/City

M

A

N

D

Y

A

District

M

A

N

D

Y

A

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

7

1

4

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)**☒ 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

7

1

4

1

6

5

7

1

4

1

(ii) Email ID

bas571416@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**

Father's Middle Name

Father's Last Name

K

R

I

S

H

N

E

G

O

W

D

A

15. Name of parent to be printed on Permanent Account Number card (select one) ☒ Father ☐ Mother

|                                           |                  |   |   |   |              |   |   |
|-------------------------------------------|------------------|---|---|---|--------------|---|---|
| 16. <b>Assessing Officer</b><br>(AO Code) | (i) Area Code    | K | A | R | (ii) AO Type | W |   |
|                                           | (iii) Range Code | 3 | 2 | 1 | (iv) AO No.  | 9 | 3 |

[illegible]

| 21. Contact Details                       |                      |                      |                      |                      |                 |                      |                      |                      |                      |
|-------------------------------------------|----------------------|----------------------|----------------------|----------------------|-----------------|----------------------|----------------------|----------------------|----------------------|
| (i) Mobile Number                         | Country Code         | <input type="text"/> | <input type="text"/> | <input type="text"/> | Mobile Number   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| (ii) Email ID                             | <input type="text"/> |                      |                      |                      |                 |                      |                      |                      |                      |
| (iii) Landline No. with STD Code (if any) | STD Code             | <input type="text"/> | <input type="text"/> | <input type="text"/> | Landline Number | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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

**SANJANA**

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.**MANDYA**

Date..**19/09/2026**



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

Name: \_\_\_\_\_**SANJANA**\_\_\_\_\_

Designation: \_\_\_\_\_**AUTHORIZED PERSON**\_\_\_\_\_



ಭಾರತ ಸರ್ಕಾರ  
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ  
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 0657/10198/00679

To  
ಸಂಜನಾ  
Sanjana  
D/O: Krishnegowda  
ankusapura grama bennatti poat mandya tq  
Ankushapura  
Mandya Karnataka - 571416  
6361083133

Signature  
e-vald  
UTC



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

5557 4425 1876

VID : 9110 7865 4523 4485

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ  
Government of India



ಸಂಜನಾ  
Sanjana  
ಜನನ ದಿನಾಂಕ/DOB: 03/09/2008  
♀/FEMALE

Release Date: 18/01/2018

5557 4425 1876

VID : 9110 7865 4523 4485

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