



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. Assessing Officer
(AO Code)

(i) Area Code	K	A	R
(iii) Range Code	3	2	1

(ii) AO Type	W	
(iv) AO No.	9	3

[illegible]

18. Permanent Account Number *(if any)*

[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

☒	(i) Proof of Identity	☒	(ii) Proof of Address	☒	(iii) Proof of Date of Birth
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24. Documents submitted as Proof of Identity, Proof of Address of Rep

Tick	(i) Proof of Identity	Tick	(ii) Proof of Address
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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: MANDYA

Date..19/09/2026

Sanjana

(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-validated
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
ಸ್ತ್ರೀ/FEMALE

Release Date: 18/01/2018

5557 4425 1876

VID : 9110 7865 4523 4485

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