

Lakshmi, H.K.



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

L A K S H M I

Middle Name

H A S S A N

Last Name

K U M A R

B. Name (as per Aadhaar)

L A K S H M I H K

2. Gender (select one)

☐ Male ☒ Female ☐ Transgender

3. Date of Birth

2 2 1 1 2 0 0 7

4. Aadhaar Number

6 5 4 9 3 0 4 3 2 8 5 7

5. Residence Address

Flat/Door/Building

H E B B A L E V I L L A G E

Road/Street/Block/Sector

K A S A B A H O B L I

Post Office

H E B B A L E P O S T

Area/Locality/Town/City

H A S S A N

District

H A S S A N

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5 7 3 1 0 2

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

8 0 7 3 5 8 3 1 4 4

(ii) Email ID

veenabbn3@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

K U M A R

Father's Middle Name

H E B B A L E

Father's Last Name

B H A R A D W A J

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][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

24. Documents submitted as Proof of Identity, Proof of Address of Representative Assessee

Lakshmi, H.K.

Designation: **AUTHORIZED PERSON**



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 रजि. नं. 45285/00035
 Regn.No. K124/45285/0036

 केन्द्रीय माध्यमिक शिक्षा बोर्ड
 CENTRAL BOARD OF SECONDARY EDUCATION

 अंक विवरणिका सह प्रमाण पत्र
 MARKS STATEMENT CUM CERTIFICATE

 माध्यमिक विद्यालय परीक्षा, 2024
 SECONDARY SCHOOL EXAMINATION, 2024


यह प्रमाणित किया जाता है कि

This is to certify that LAKSHMI H K

अनुक्रमांक

Roll No. 18165061

माता का नाम

Mother's Name VEENA B N

पिता/संरक्षक का नाम

Father's / Guardian's Name KUMAR H B

जन्म तिथि

Date of Birth 22-11-2007 22ND NOVEMBER TWO THOUSAND SEVEN

विद्यालय

School 45285-CHRIST SCHOOL VIDYA NAGAR HASSAN KARNATAKA

की शैक्षणिक उपलब्धियां निम्नानुसार हैं has achieved Scholastic Achievements as under :

विषय कोड SUB. CODE	विषय SUBJECT	प्राप्तांक MARKS OBTAINED				स्थितीय ग्रेड POSITIONAL GRADE
		लिखित THEORY	आं.मू. IA/ प्रा. प्र.	योग TOTAL	योग (शब्दों में) TOTAL (IN WORDS)	
184	ENGLISH LNG & LIT.	046	020	066	SIXTY SIX	C1
015	KANHADA	070	020	090	NINETY	B1
041	MATHEMATICS STANDARD	035	020	055	FIFTY FIVE	C1
086	SCIENCE	051	020	071	SEVENTY ONE	B1
087	SOCIAL SCIENCE	051	020	071	SEVENTY ONE	C1

परिणाम Result PASS

दिल्ली Delhi

दिनांक Dated : 13-05-2024

परीक्षा नियंत्रक

Controller of Examinations