

**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

Y A L L A M M A

B. Name (as per Aadhaar)

Y A L L A M M A

2. Gender (select one)☐ Tick

Male

☒ Tick

Female

☐ Tick

Transgender

3. Date of Birth

1 0

0 4

2 0 0 6

4. Aadhaar Number

3 6 6 3 8 4 4 2 7 0 3 7

5. Residence Address

Flat/Door/Building

C / O D E V A P P A

Road/Street/Block/Sector

Post Office

B A N D H A L L I

Area/Locality/Town/City

Y A D G I R

District

Y A D G I R

State/Union Territory

KARNATAKA

Country/Region

I N D I A

PIN / ZIP CODE

5 8 5 2 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)☒ 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

9 9 1 7 3 8 7 1 0 7

(ii) Email ID

scomputershtk@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

D E V A P P 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	4	2	1	(iv) AO No.	5	

[illegible][illegible][illegible]

20. Representative Assessee Address

[illegible]

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

YALLAMMA

a. I, YALLAMMA, 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 YADGIR

Date 07/10/2026

SELF

..(Self/ Representative Assessee) do hereby declare that

able for legal consequences under Income-Tax Act, 2025 if this

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

Name: YALLAMMA

Designation: **AUTHORIZED PERSON**

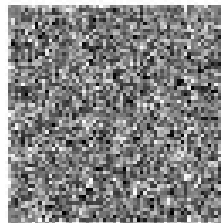


भारत सरकार
Government of India

ಭಾರತೀಯ ವಿಕಿತ್ವ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

Document No./ Enrolment No.: 0000/00683/49283

To
Chicago,
 Baltimore
 C/O Harmanville,
 Randall,
 TFC: Randall,
 P/O Randall,
 District Judge,
 State: Kentucky,
 PIN Code: 40202
 Module: 8/20/88/71/23



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

3663 8442 7037

WILLIAM B. GARDNER

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Trade Dress
Government of India



10/10/2007
 Tallinn
 10/10/2007
 10/10/2007

experts including specialists in oil spill response, have not agreed on which method of dispersant use on land is best for the oil spill. Furthermore, some experts

Another is proof of identity, not of citizenship or date of birth. It should be used only with verification (online and on-site) or reverified CIP code (offline XML.)

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Government's Role in Health

[Link to information](#)

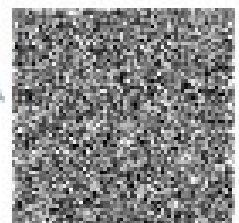
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Unique Identification Authority of India

Order: 1-800-368-3688

Address:
C/O Hamamachi, Hamamachi, Hamamachi, PO Hamamachi,
DRT: Tokyo
Kansai - 550000



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FIELD : 00101 00012 000000 70000

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