

**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

A

N

K

I

T

H

A

Middle Name

M

U

G

G

A

N

A

H

A

L

L

I

Last Name

R

A

N

G

A

N

A

T

H

A

B. Name (as per Aadhaar)

A

N

K

I

T

H

A

M

R

2. Gender (select one)☐ Tick

Male

☒ Tick

Female

☐ Tick

Transgender

3. Date of Birth

1

6

0

5

2

0

0

7

4. Aadhaar Number

6

9

8

6

7

5

5

4

0

0

4

8

5. Residence Address

Flat/Door/Building

M

U

G

G

A

N

A

H

A

L

L

I

Road/Street/Block/Sector

S

A

L

A

G

A

M

E

H

O

B

L

I

Post Office

T

E

J

U

R

Area/Locality/Town/City

M

U

G

G

A

N

A

H

A

District

H

A

S

S

A

N

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

7

3

2

1

9

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

8

7

4

6

9

0

9

7

8

4

(ii) Email ID

colorsnetwork@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

R

A

N

G

A

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

[illegible][illegible][illegible][illegible]

22. Address for Communication (select one) ☒ Residence Address ☐ Representative Assessee Address ☐ Office Address

☒ (i) Proof of Identity ☒ (ii) Proof of Address ☒ (iii) Proof of Date of Birth

☐ Tick (i) Proof of Identity ☐ Tick (ii) Proof of Address

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 23/09/2026



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

Name: **ANKITHA M R**

Designation: **AUTHORIZED PERSON**

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No. : 2086/15109/08820

21/05/2014

01733756

To
Ankitha M R
ಅಂಕಿತ ಎಮ್ ಆರ್
D/O: Ranganatha,
Salagame Hobli,
Mugganaha Hassan Taluk,
VTC: Tejur, PO: Tejur,
Sub District: Alur, District: Hasan,
State: Karnataka, PIN Code: 573219,
Mobile: 8746909784



KF017337565FI



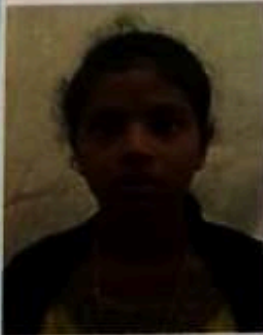
ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

6986 7554 0048

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ಭಾರತ ಸರ್ಕಾರ
Government of India



ಅಂಕಿತ ಎಮ್ ಆರ್
Ankitha M R
ಜನ್ಮ ದಿನಾಂಕ / DOB: 16/05/2007
ಸ್ತ್ರೀ / Female

21/05/2014

6986 7554 0048

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