

**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

14. Mother's First Name	
Mother's Middle Name	
Mother's Last Name	N E T R A V A T I

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

PART D - Assessing Officer (AO Code)

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

PART E- Representative Assessee, if applicable

17. RA's First Name

RA's Middle Name

RA's Last Name

18. Permanent Account Number (if any)

19. Aadhaar Number (if Permanent Account Number is not available)

20. Representative Assessee Address

Flat/Door/Building

Road/Street/Block/Sector

Post Office

Area/Locality/Town/City

District

State/Union Territory Country/Region PIN / ZIP CODE

21. Contact Details

(i) Mobile Number Country Code Mobile Number

(ii) Email ID

(iii) Landline No. with STD Code (if any) STD Code Landline Number

Part F: Communication Address

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

Part G: Declaration by Applicant or by Representative Assessee on behalf of the Applicant

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

Verification & Declaration

ANKITHA M R

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

ANKITHA

(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



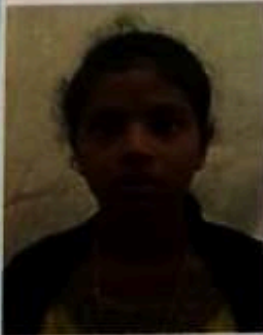
ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

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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