

**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

M

R

U

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

M

R

U

T

H

A

M

R

2. Gender (select one)☐

Male

☒

Female

☐

Transgender

3. Date of Birth

2

7

0

9

2

0

0

5

4. Aadhaar Number

8

7

0

7

4

9

6

6

4

4

3

2

5. Residence Address

Flat/Door/Building

M

U

G

G

A

N

A

H

A

L

L

I

Road/Street/Block/Sector

T

E

J

U

R

Post Office

T

E

J

U

R

Area/Locality/Town/City

M

U

G

G

A

N

A

L

L

I

T

E

J

U

R

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)☒

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

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)**☐

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

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]

(i) Mobile Number	Country Code		Mobile Number	
(ii) Email ID				
(iii) Landline No. with STD Code <i>(if any)</i>	STD Code		Landline Number	

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

☐ (i) Proof of Identity ☐ (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

Amritha M.R

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

Name: **AMRUTHA M R**

Designation: **AUTHORIZED PERSON**



ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No. : 2086/15109/08819

To

Amrutha M R

ಅಮೃತ ಎಮ್ ಆರ್

D/O: Ranganatha,

MUGGANALLI,

VTC: Tejur, PO: Tejur,

Sub District: Alur, District: Hassan,

State: Karnataka, PIN Code: 573219,

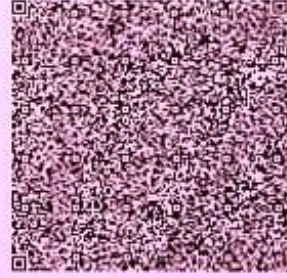
Mobile: 8746909784

01/07/2013

01458714



KF014587144FI



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

8707 4966 4432

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India



ಅಮೃತ ಎಮ್ ಆರ್

Amrutha M R

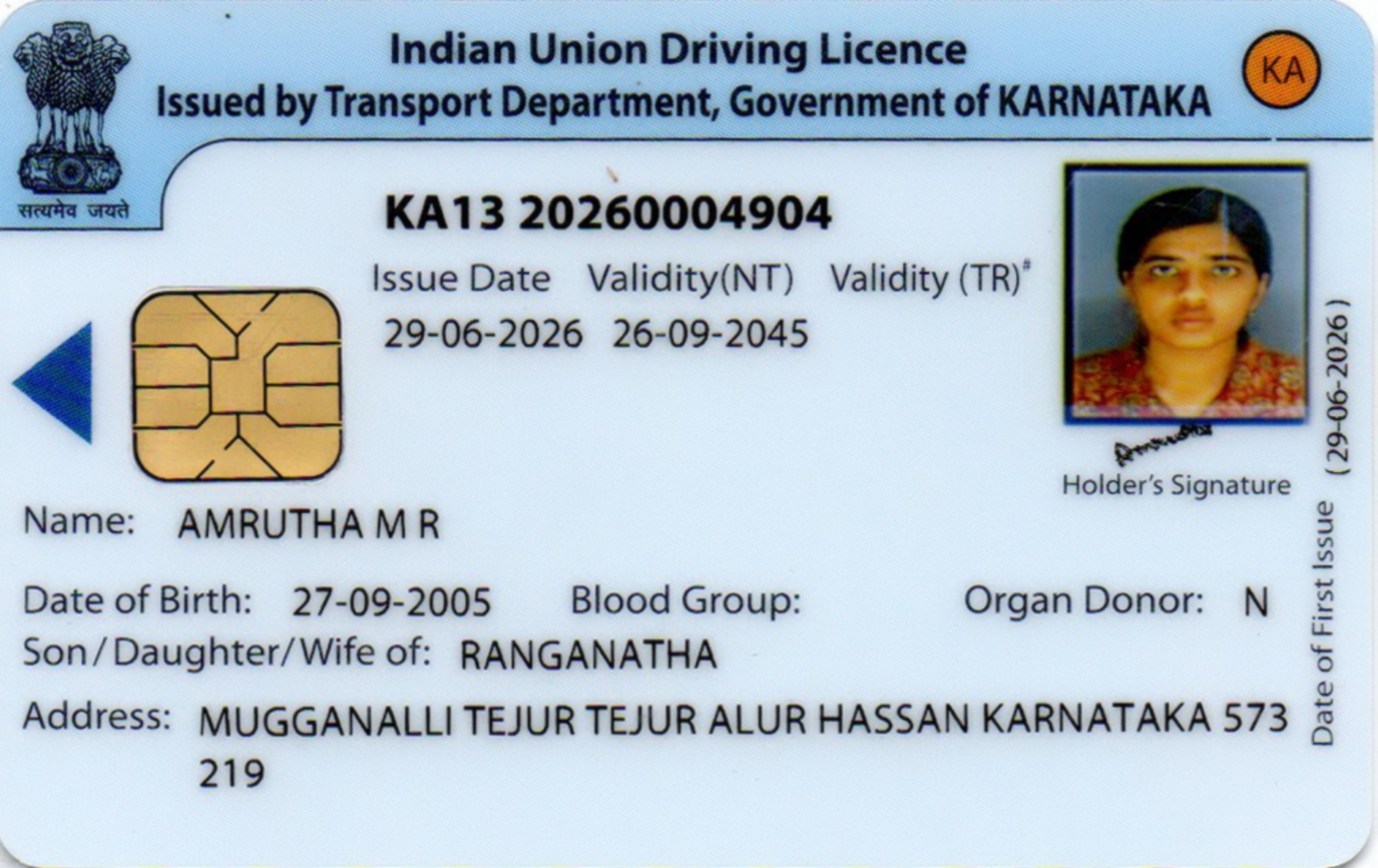
ಜನ್ಮ ದಿನಾಂಕ / DOB: 27/09/2005

ಸ್ತ್ರೀ / Female

8707 4966 4432

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

01/07/2013



सत्यमेव जयते

Indian Union Driving Licence

Issued by Transport Department, Government of KARNATAKA



KA13 20260004904

Issue Date Validity(NT) Validity (TR)[#]
29-06-2026 26-09-2045



Amrutha

Holder's Signature

Date of First Issue (29-06-2026)

Name: AMRUTHA M R

Date of Birth: 27-09-2005 Blood Group: Organ Donor: N

Son/Daughter/Wife of: RANGANATHA

Address: MUGGANALLI TEJUR TEJUR ALUR HASSAN KARNATAKA 573
219

DL No : KA13 20260004904

Invalid Carriages (Regn. Numbers)[#]Hazardous Validity[#] Hill Validity[#]

Class of Vehicle	Code	Issued by	Date of Issue	Vehicle Category	Badge [#] Number	Badge [#] Issued Date	Badge [#] Issued by
	MCWOG	KA13	29-06-2026	NT			
	LMV	KA13	29-06-2026	NT			

Form 7 Rule 16(2)

Emergency Contact Number


 Licensing Authority
 HASSAN RTO