



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

V A R I J A

B. Name (as per Aadhaar)

V A R I J A

2. Gender (select one)

☐

Male

☒

Female

☐

Transgender

3. Date of Birth

0

1

0

1

1

9

8

6

4. Aadhaar Number

8

2

9

1

9

3

5

5

0

7

2

2

5. Residence Address

Flat/Door/Building

C

/

O

M

O

H

A

N

Road/Street/Block/Sector

Post Office

Area/Locality/Town/City

K

U

M

B

A

R

A

H

A

L

L

I

District

H

A

S

S

A

N

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

7

3

1

3

7

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

7

3

1

3

7

5

7

3

1

3

(ii) Email ID

bhaskarkhk1@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

M

O

H

A

N

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

☒ (i) Proof of Identity	☒ (ii) Proof of Address	☒ (iii) Proof of Date of Birth
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☐ 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 28/09/2026

enow

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

Name: VARIJA

Designation: **AUTHORIZED PERSON**



ಭಾರತ ಸರ್ಕಾರ
Government of India



ವಾರಿಜ
Varija*
ಜನ್ಮ ದಿನಾಂಕ / DOB : 01/01/1986
ಸ್ತ್ರೀ / Female



8291 9355 0722

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ವಿಳಾಸ:
W/O: ಮಂಜುನಾಥ ಕೆ ಆರ್, ಕುಂಬ್ರಹಳ್ಳಿ,
ಕುಂಬಾರಹಳ್ಳಿ, ಹಾಸನ, ಸಕಲೇಶಪುರ,
ಕರ್ನಾಟಕ, 573137

Address:
W/O: Manjunatha K R,
Kumbarahalli, Kumbarahalli,
Hassan, Sakleshpur, Karnataka,
573137

8291 9355 0722

1947
1800 500 1947

help@uidai.gov.in

www.uidai.gov.in

 ಭಾರತ ಚುನಾವಣಾ ಆಯೋಗ
ELECTION COMMISSION OF INDIA

XKW6189393



ಹೆಸರು : ವಾರಿಜಾ
Name : Varija
ಗಂಡನ ಹೆಸರು : ಮಂಜುನಾಥ ಕೆ ರ್
Husband Name : Manjunatha K R
ಲಿಂಗ / Gender : ಮಹಿಳೆ / Female
Date of Birth / Age : 01/01/1986

e-Electors Photo Identity Card - ಇ-ಮತದಾರ ಭಾವಚಿತ್ರವಿರುವ ಗುರುತಿನ ಚೀಟಿ



ವಿಳಾಸ : ಕುಂಬರಹಳ್ಳಿ
ಸಕಲೇಶಪುರ - ತಾಲ್ಲೂಕು, ಹಾಸನ,
ಕರ್ನಾಟಕ - 573137
Address: Kumbarahalli
Sakaleshapura Taluk, Hassan,
Karnataka - 573137



ಮತದಾರರ ನೋಂದಾಣಾಧಿಕಾರಿ, ಸಕಲೇಶಪುರ(ಪರಿಶಿಷ್ಟ ಜಾತಿ)
Electoral Registration Officer, Sakaleshapur(SC)
Download Date : 07-03-2025

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1800-4255-1950 <https://ceo.karnataka.gov.in/en>