

**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

S H A I L A J A

B. Name (as per Aadhaar)

S H A I L A J A

2. Gender (select one)☐ Tick

Male

☒ Tick

Female

☐ Tick

Transgender

3. Date of Birth

2

0

0

3

1

9

7

8

4. Aadhaar Number

6

2

0

7

2

3

2

9

0

9

8

3

5. Residence Address

Flat/Door/Building

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Road/Street/Block/Sector

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Post Office

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Area/Locality/Town/City

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District

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State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

6

0

0

5

4

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

4

8

2

3

0

1

6

7

0

(ii) Email ID

ff3495014@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

J

E

N

D

R

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]

18. Permanent Account Number (if any)

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

20. Representative Assessee Address

[illegible]

21. Contact Details

(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

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

SHAILAJA

a. I, SHAILAJA, 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. BENGALURU RURAL

Date..28/09/2026

Shailaja

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

Name: SHAILAJA

Designation: **AUTHORIZED PERSON**



ಭಾರತ ಸರ್ಕಾರ
GOVERNMENT OF INDIA



ಶೈಲಜಾ
Shailaja

ಹುಟ್ಟಿದ ವರ್ಷ / Year of Birth : 1978

ಸ್ತ್ರೀ / Female

6207 2329 0983



ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



Name/ ಹೆಸರು

Shailaja

ಶೈಲಜಾ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

78-7736-0453-1052

Abha Address/ ಅಭಾ ವಿಳಾಸ

78773604531052@abdm



Gender/ ಲಿಂಗ
Female / ಹೆಣ್ಣು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ
20-03-1978

Mobile/ ಮೊಬೈಲ್
9482301670