

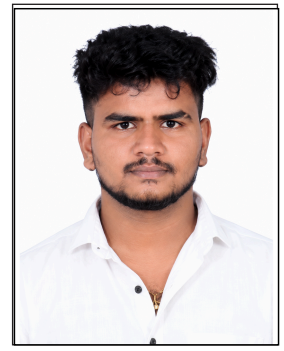


FORM NO. 93

[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

D Y A V A L A P U R A

Middle Name

K U M A R A

Last Name

V I L A S A

B. Name (as per Aadhaar)

D K V I L A S A

2. Gender (select one)



Male



Female



Transgender

3. Date of Birth

1

7

0

9

2

0

0

6

4. Aadhaar Number

7

7

2

8

2

1

5

1

2

4

7

4

5. Residence Address

Flat/Door/Building

0

1

2

Road/Street/Block/Sector

N

I

T

U

R

U

V

I

L

L

A

G

E

A

N

D

P

O

S

T

Post Office

S

A

L

A

G

A

M

E

H

O

B

L

I

Area/Locality/Town/City

N

I

T

U

R

U

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

6

3

6

6

5

0

7

6

3

2

(ii) Email ID

shivanidigitalseva@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

K

U

M

A

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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[illegible]

20. Representative Assessee Address

[illegible]

21. Contact Details

[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

24. Documents submitted as Proof of Identity, Proof of Address of Representative Assessee

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

D K VILASA

a. I, DK VILASA, 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 **HASSAN**

Date 29/09/2026

SELF

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

Name: D K VILASA

Designation: **AUTHORIZED PERSON**



ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ / Enrolment No.: 4050/50020/01563

To
ಡಿ ಕೆ ವಿಲಾಸ
D K Vilasa
S/O Kumara
Nitturu Village and Post
Salagame Hobli
Hassan taluk and District
Nittur
Hassan Karnataka - 573219
6366507632

Signature valid



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

7728 2151 2474

VID : 9114 8908 6109 4256

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India

Issue Date: 16/09/2013



ಡಿ ಕೆ ವಿಲಾಸ
D K Vilasa
ಜನ್ಮ ದಿನಾಂಕ/DOB: 17/09/2006
ಪುರುಷ / MALE

7728 2151 2474

VID : 9114 8908 6109 4256

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

Name of the School

ST. JOSEPH'S HIGHER PRY. SCHOOL,
HASSAN - 573 201.

Admission No.

14/2018-19

Cumulative Record No.



Name of the Pupil in Full		VILAS . D . K .
Sex Male	6. Nationality-Indian	7. Religion HINDU Vokknligo
Name of the Father	KUMAR	
Mother	LAKSHMAMMA	
9. Whether the candidate belongs to Scheduled Caste or Scheduled Tribe	} NO	10. Whether qualified for Promotion to a higher standard yes Qualified
11. Date of birth in figure and words	17-09-2006	Seventeenth of September Two thousand six
12. Standard in which the pupil was reading at the time of leaving the school (in words)		Seventh standard
13. In the case of pupils of Higher Standards a) Language studied : Kan. Eng. Hindi b) Electives studied		18. Scholarships if any (nature and period to be specified) - 19. Whether medically examined or not yes 20. Date of pupil's last attendance at School 10-04-2019
14. Medium of instruction	Kannada	21. Date on which application for the transfer certificate was received 11-04-2019
15. Date of admission or promotion to that class or standard	10-04-2018	22. Date of issue of the Transfer Certificate 23-04-2019
16. Whether the pupil has paid all the fees due to the school	yes	23. Number of school days up to the date of leaving 239 24. Number of school days the pupil attended 214
17. Fee concessions, if any (nature and period to be specified)	Attested by 05/07/2028	25. Character and Conduct. Good