



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

R A C H A N A

Middle Name

H A S S A N

Last Name

D E V A R A J U

## B. Name (as per Aadhaar)

R A C H A N A H D

## 2. Gender (select one)

Tick

Male

Tick

Female

Tick

Transgender

## 3. Date of Birth

0 7 0 6 2 0 0 5

## 4. Aadhaar Number

6 3 7 5 9 4 2 4 3 3 3 3

## 5. Residence Address

Flat/Door/Building

2 5 1 / 2

Road/Street/Block/Sector

3 R D C R O S S , P &amp; T Q U A R T E R S ,

Post Office

H A S S A N

Area/Locality/Town/City

H A S S A N

District

H A S S A N

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5 7 3 2 0 1

## 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 3 8 0 0 1 0 1 5 1

(ii) Email ID

rachanahd22@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

D E V A R A J U

Father's Middle Name

H A S S A N

Father's Last Name

M U N I R A T H N A M

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

|                                    |                  |   |   |   |              |   |   |
|------------------------------------|------------------|---|---|---|--------------|---|---|
| 16. Assessing Officer<br>(AO Code) | (i) Area Code    | K | A | R | (ii) AO Type | W |   |
|                                    | (iii) Range Code | 3 | 2 | 1 | (iv) AO No.  | 9 | 2 |

| 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 |

[illegible]

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

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

**RACHANA H D** **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: 03/10/2026

Ruh HD

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

Name: RACHANA H D

Designation: **AUTHORIZED PERSON**



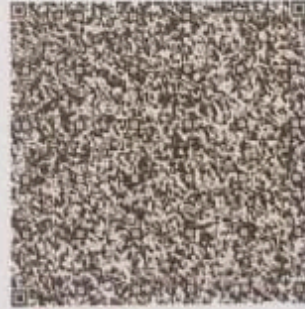
ಭಾರತ ಸರ್ಕಾರ  
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ  
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ Enrolment No.: 0707/10030/02526

To  
ರಚನಾ ಹೆಚ್ ಡಿ  
Rachana H D  
D/O: Devaraju,  
# 251/2,  
3rd cross,  
p and t qwatress,  
shankaripuram,  
VTC: Hassan,  
PO: Hassan,  
Sub District: Alur,  
District: Hasan,  
State: Kamataka,  
PIN Code: 573201,  
Mobile: 9380010151

Signature valid



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

6375 9424 3333

VID : 9154 4862 1176 9564

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ  
Government of India

Aadhaar no. issued: 26/06/2013



ರಚನಾ ಹೆಚ್ ಡಿ  
Rachana H D  
ಜನನ ದಿನಾಂಕ/DOB: 07/06/2005  
ಸ್ತ್ರೀ/FEMALE

ಆಧಾರ್ ಗುರುತಿನ ಪ್ರಮಾಣವಾಗಿದೆ, ಪೌರತ್ವ ಅಥವಾ ಜನ್ಮ ದಿನಾಂಕದ ಪ್ರಮಾಣವಲ್ಲ. ಇದನ್ನು ಅನ್ವೇಷಣಾತ್ಮಕವಾಗಿ ಮಾತ್ರ ಬಳಸಬೇಕು / ಇದನ್ನು ಕೇವಲ XML ಮಾತ್ರ ನಿರ್ವಹಿಸಬೇಕು.

Aadhaar is proof of identity, not of citizenship or date of birth. It should be used only with verification (online authentication or scanning of QR code / offline XML.)

6375 9424 3333

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಚುನಾವಣಾ ಆಯೋಗ  
ELECTION COMMISSION OF INDIA

ಮತದಾರರ ಪೋಟೋ ಗುರುತಿನ ಚೀಟಿ - Elector Photo Identity Card



NMD4592846



ಹೆಸರು: ರಚನಾ ಎಚ್ ಡಿ

Name: Rachana.h.d

ತಂದೆಯ ಹೆಸರು: ದೆವರಾಜ್ ಹೆಚ್

Father's Name: Devaraj Hm

ಲಿಂಗ / Gender: ಹೆಣ್ಣು / Female

ಜನ್ಮ ದಿನಾಂಕ / ವಯಸ್ಸು:

Date of Birth / Age: 07-06-2005



NMD4592846

