



Ismetara Khatun

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

I S M O T A R A

Middle Name

Last Name

K H A T U N

B. Name (as per Aadhaar)

I S M O T A R A K H A T U N

2. Gender (select one)☐ Tick

Male

☒ Tick

Female

☐ Tick

Transgender

3. Date of Birth

1 7

1 2

2 0 0 6

4. Aadhaar Number

3 9 0 7 3 2 8 8 3 8 6 3

5. Residence Address

Flat/Door/Building

S H O P N O 8 / 9 , C H A I R M A N L A

Road/Street/Block/Sector

9 T H M A I N R D , H R B R L A Y O U T

Post Office

, S U B B A I A H N A P A L Y A , B A N A S

Area/Locality/Town/City

B A L A J I L A Y O U T , S U B B A I A H N

District

B E N G A L U R U R U R A L

State/Union Territory

K A R N A T A K A

Country/Region

I N D I A

PIN / ZIP CODE

5 6 0 0 4 3

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

8 9 5 1 8 2 1 9 3 6

(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

S A H E B

Father's Middle Name

Father's Last Name

S K

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

☐ (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. BENGALURU RURAL

Date: 06/10/2026

Zsmotara khatun

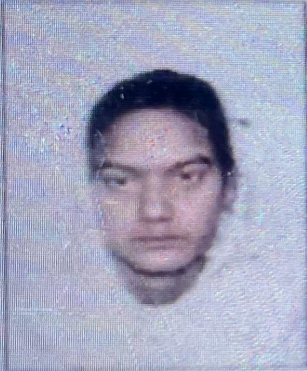
(Signature /Left Hand Thumb Impression of Applicant or Representative
Assessee)

Name: ISMOTARA KHATUN

Designation: **AUTHORIZED PERSON**



भारत सरकार
GOVERNMENT OF INDIA



Ismotara Khatun

जन्म तिथि/DOB: 17/12/2006

महिला/FEMALE

3907 3288 3863

VID : 9129 8823 8645 8136

मेरा आधार, मेरी पहचान



Name/ नाम
Ismotara Khatun

Abha Number/ आभा-संख्या
91-1546-5684-1231

Abha Address/ आभा पता
91154656841231@abdm



Gender/ लिंग
Female

Date Of Birth/ जन्मतिथि
17-12-2009

Mobile/ मोबाइल
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