



Rashmi

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 S H M I

Middle Name

H A R I J A N A

Last Name

S H A N K A R A

B. Name (as per Aadhaar)

R A S H M I H S

2. Gender (select one)

☐ Male ☒ Female ☐ Transgender

3. Date of Birth

3 0 0 9 2 0 0 8

4. Aadhaar Number

3 1 5 1 3 5 7 0 8 8 3 6

5. Residence Address

Flat/Door/Building

C / O S H A N K A R A R A M A I A H

Road/Street/Block/Sector

K A T A K E R I

Post Office

T H A L A T H M A N E

Area/Locality/Town/City

M A D E

District

K O D A G U

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5 7 1 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)

☒ 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

8 7 6 2 5 8 5 0 9 8

(ii) Email ID

afreedmh1997@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

S H A N K A R A

Father's Middle Name

Father's Last Name

R A M A I A H

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]

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

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

RASHMI H S

a. I, _____, 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. **KODAGU**

Date. **07/10/2026**

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

Name: _____ **RASHMI H S**

Designation: _____ **AUTHORIZED PERSON**



ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

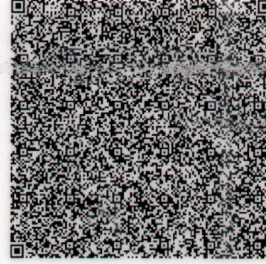
ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No. : 0657/05171/44708

To
Rashmi.H.S
ರಶ್ಮಿ.ಎಚ್.ಎಸ್
S/O: Shankara,
katakari,
VTC: Made, PO: Thalathmane,
Sub District: Madikeri, District: Kodagu,
State: Karnataka, PIN Code: 571201,
Mobile: 8762585098

86776080



KF867760800FI



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

3151 3570 8836

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ಭಾರತ ಸರ್ಕಾರ
Government of India



Issue Date: 27/05/2015



ರಶ್ಮಿ.ಎಚ್.ಎಸ್
Rashmi.H.S
ಜನ್ಮ ದಿನಾಂಕ / DOB: 30/09/2008
ಸ್ತ್ರೀ / Female

3151 3570 8836

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



Chairperson