

**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

A B H I S H E K

Middle Name

K I T T A N E

Last Name

R U P E S H A

B. Name (as per Aadhaar)

A B H I S H E K

K R

2. Gender (select one)

Male



Female



Transgender

3. Date of Birth

2

8

0

5

2

0

0

8

4. Aadhaar Number

3

4

1

6

3

3

2

1

6

8

1

8

5. Residence Address

Flat/Door/Building

C / O R U P E S H A

Road/Street/Block/Sector

Post Office

K I T T A N E

Area/Locality/Town/City

K I T T A N E

District

H A S S A N

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

7

3

2

1

2

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

9

7

4

1

1

9

9

6

1

4

(ii) Email ID

KRA87915@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

R U P E S H 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][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

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

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

a. I, **ABHISHEK K R**, 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. **12/10/2026**

ABHISHEK K.R

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

Name: ABHISHEK K R

Designation: **AUTHORIZED PERSON**



भारत सरकार
भारत सरकार



आधार

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ಸಂಯೋಜಿತ ಸಂಖ್ಯೆ Enrolment No.: 0604/00201/77869

Download Date: 11/02/2021

To
ಅಭಿಷೇಕ್ ಕೆ ಆರ್
Abhishek K R
S/O: Rupesha
Kittane
Kittane
Hasan, Kamataka - 573212
9741199614

Issue Date: 06/03/2021

Signature valid

Digitally signed by
ABHISHEK K R
AUTHORITY: INDIA
Date: 2021.03.11 19:42:56
IST



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

3416 3321 6818

VID : 9192 9498 5428 7238

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India

Download Date: 11/03/2021



ಅಭಿಷೇಕ್ ಕೆ ಆರ್
Abhishek K R
ಜನ್ಮ ದಿನಾಂಕ DOB: 28/05/2008
ಪುರುಷ/ MALE

Issue Date: 06/03/2021

3416 3321 6818

VID : 9192 9498 5428 7238

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಕರ್ನಾಟಕ ಸರ್ಕಾರ
GOVERNMENT OF KARNATAKA



003604554

This is to certify that the below mentioned candidate has passed S.S.L.C. Examination.

Year / Year : **MARCH/APRIL - 2025**

Register No. / Candidate Type : CCE REGULAR FRESH

Student's Name / Father's Name : **ROOPESH**

28-05-2008 TWENTY-EIGHTH - MAY - TWO THOUSAND EIGHT
Date of Birth: 1378 - 5 / PART - A

COB / BOY
Gender :

UON - 2 / PART - A

Date of Birth : 20/05/2000		UNIT - 5 / PART - A							
SCHOLASTIC SUBJECTS	INTERNAL ASSESSMENT		EXTERNAL EXAMINATION			TOTAL MARKS			Grade
	Max. Marks	Marks Obtained	Max. Marks	Min. Marks	Marks Obtained	Max. Marks	Min. Marks	Total Marks	
KANNADA / FIRST LANGUAGE	25	25	100	15	86	125	44	111	A
ENGLISH / SECOND LANGUAGE	20	20	80	28	43	100	35	63	B
HINDI / THIRD LANGUAGE	20	20	80	28	54	100	35	74	B+
MATHEMATICS	20	20	80	28	37	100	35	57	C+
SCIENCE	20	20	80	28	39	100	35	59	C+
SOCIAL SCIENCE	20	20	80	28	45	100	35	65	B
TOTAL MARKS	125	125	500	175	304	625	219	429	A/B

FOUR HUNDRED TWENTY-NINE ONLY

Percentage / (68.64%)

BOOK - 5 / PART - II

ಭಾಗ - ೨ / PART - II					
ಕ್ರ. ಸಂ. / Sl. No.	ಸಹ ಶೈಕ್ಷಣಿಕ ವಿಷಯಗಳು / CO-SCHOLASTIC SUBJECTS	ಕ್ಷೇಪ / GRADE	ಕ್ರ. ಸಂ. / Sl. No.	ಸಹ ಶೈಕ್ಷಣಿಕ ವಿಷಯಗಳು / CO-SCHOLASTIC SUBJECTS	ಕ್ಷೇಪ / GRADE
1.	ಶಿಕ್ಷಣ ಮತ್ತು ಆರೋಗ್ಯ ಶಿಕ್ಷಣ / PHYSICAL & HEALTH EDUCATION	A	2.	ಮೌಲ್ಯಾನ್ವಿತ ಮನಸ್ಸು ಮೌಲ್ಯಗಳು / ATTITUDE & VALUES	A
3.	ಕಾರ್ಯಾಸಕ್ತಿ / WORK EXPERIENCE	A	4.	ಕಲಾ ಶಿಕ್ಷಣ / ART EDUCATION	A

[illegible]

బడి పేరు మరియు చిరునామా / SCHOOL NAME AND ADDRESS :

DODDA BEEKANAHALLI HASSAN TALUK HASSAN DISTRICT

DESIGN/ DATE: 08-05-2023

Chairman