



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

G A G A N

Middle Name

Last Name

M A L L E S H

B. Name (as per Aadhaar)

G A G A N

M

2. Gender (select one)



Male



Female



Transgender

3. Date of Birth

1

3

0

9

2

0

0

8

4. Aadhaar Number

6

1

6

0

0

8

5

9

8

3

5

4

5. Residence Address

Flat/Door/Building

1

3

0

A

Road/Street/Block/Sector

K

A

L

K

E

R

E

Post Office

K

A

L

K

E

R

E

Area/Locality/Town/City

K

A

L

K

E

R

E

District

H

A

S

S

A

N

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

7

3

1

1

6

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

1

0

4

4

8

1

1

(ii) Email ID

GAGANGAGGU597@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

M

A

L

L

E

S

H

Father's Middle Name

Father's Last Name

S

H

A

N

K

A

R

A

C

H

A

R

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

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

GAGAN M
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. **HASSAN**
Date. **12/10/2026**

Gagan..m

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

Name: **GAGAN M**

Designation: **AUTHORIZED PERSON**



सत्यमेव जयते
भारत सरकार



ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ / Enrolment No.: 0000/00376/30815

To

ಗಗನ್ ಎಮ್

Gagan M

S/O: Mallesh,

130 A,

Kalkere,

Kalkere,

VTC: Kalkere,

PO: Kalkere,

Sub District: Channarayapatna,

District: Hasan,

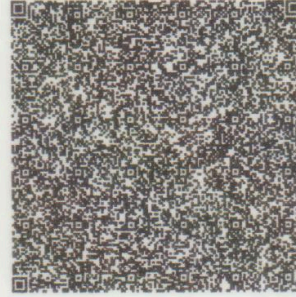
State: Karnataka,

PIN Code: 573116

Mobile: 6361044811

Signature valid

Digitally signed by Unique
Identification Authority of India
06
Date: 2020.09.16 18:22:58
IST



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

6160 0859 8354

VID : 9159 0915 4672 0170

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India

Aadhaar no. issued: 23/01/2014



ಗಗನ್ ಎಮ್

Gagan M

ಜನ್ಮ ದಿನಾಂಕ/DOB: 13/09/2008

ಪುರುಷ/ MALE

ಆಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯಾಗಿದೆ, ಪೌರತ್ವ ಅಥವಾ ಜನ್ಮ ದಿನಾಂಕದ ಪುರಾವೆ
ಅಲ್ಲ. ಇದನ್ನು ಆನ್‌ಲೈನ್ ದೃಢೀಕರಣ ಅಥವಾ QR ಕೋಡ್ / ಆಫ್‌ಲೈನ್ XML
ಸಾಕ್ಷ್ಯ ನಿರ್ಗಮನದಿಗಾಗಿ ಮಾತ್ರ ಬಳಸಬೇಕು.

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)

6160 0859 8354

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0916015



रजि. नं.

Regn.No. K124/45361/0018

केन्द्रीय माध्यमिक शिक्षा बोर्ड
CENTRAL BOARD OF SECONDARY EDUCATION
अंक विवरणिका सह प्रमाण पत्र
MARKS STATEMENT CUM CERTIFICATE
माध्यमिक विद्यालय परीक्षा, 2024
SECONDARY SCHOOL EXAMINATION, 2024



यह प्रमाणित किया जाता है कि

This is to certify that **GAGAN M**

अनुक्रमांक

Roll No. **18164824**

माता का नाम

Mother's Name **NETHRA S**

पिता/संरक्षक का नाम

Father's / Guardian's Name **MALLESH S**

जन्म तिथि

Date of Birth **13-09-2008 13TH SEPTEMBER TWO THOUSAND EIGHT**

विद्यालय

School **45361-POORNACHANDRA PUB SCH CHANNARAYAPATNA HASSAN KK**

की शैक्षणिक उपलब्धियां निम्नानुसार हैं has achieved Scholastic Achievements as under :

विषय कोड SUB. CODE	विषय SUBJECT	प्राप्तांक MARKS OBTAINED				स्थितीय ग्रेड POSITIONAL GRADE
		लिखित THEORY	आं. मू. IA/ प्र. प्र.	योग TOTAL	योग (शब्दों में) TOTAL (IN WORDS)	
184	ENGLISH LNG & LIT.	029	020	049	FORTY NINE	D1
015	KANNADA	051	020	071	SEVENTY ONE	C2
041	MATHEMATICS STANDARD	021	020	041	FORTY ONE	D1
086	SCIENCE	027	020	047	FORTY SEVEN	C2
087	SOCIAL SCIENCE	032	020	052	FIFTY TWO	D1
402	ADDITIONAL SUBJECT INFORMATION TECHNOLOGY	032	050	082	EIGHTY TWO	B1

परिणाम Result **PASS**

दिल्ली Delhi

दिनांक Dated : **13-05-2024**

परीक्षा नियंत्रक
Controller of Examinations

सह-शैक्षणिक उपलब्धियां : सह-शैक्षणिक एवं अनुशासन क्षेत्र में ग्रेडिंग विद्यालय द्वारा अपने स्तर पर बोर्ड द्वारा जारी प्रारूपनुसार प्रदान की जाती है।
Co-Scholastic achievements : Grading for Co-Scholastic and Discipline area is being issued by the school as per format prescribed by the Board.