

**FORM NO. 93****[See rule 158]****Application for Allotment of Permanent Account Number****[For an Individual being a Citizen of India]**

91000 F.Y

Sr. No. PART A - Personal Information**1. A. Name**

First Name **B A B U**

Middle Name **S I N G O D A N A**

Last Name **A Y O K**

B. Name (as per Aadhaar)

B A B U S A

2. Gender (select one) Male Female Transgender

3. Date of Birth **0 2 0 3 1 9 8 0**

4. Aadhaar Number **4 6 5 9 4 6 5 5 3 0 1 6**

5. Residence Address

Flat/Door/Building **K A N A K A N I L A Y A**

Road/Street/Block/Sector **N E A R G A N A P A T H I T E M P L E , S A**

Post Office **H A S S A N**

Area/Locality/Town/City **G A V E N A H A L L I**

District **H A 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) 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 9 0 0 9 9 2 3 3 3**

(ii) Email ID **lmrservicehub@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 **A N A N T H A M U R T H Y**

Father's Middle Name **S I N G O D A N A**

Father's Last Name **R A M O**

14. Mother's First Name **S U N I T H A**
 Mother's Middle Name
 Mother's Last Name **V I N O D A**

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

PART D - Assessing Officer (AO Code)

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**

PART E - Representative Assessee, if applicable

17. RA's First Name
 RA's Middle Name
 RA's Last Name

18. Permanent Account Number (if any)

19. Aadhaar Number (if Permanent Account Number is not available)

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
 (i) Mobile Number Country Code Mobile Number
 (ii) Email ID
 (iii) Landline No. with STD Code (if any) STD Code Landline Number

Part F: Communication Address

22. Address for Communication (select one) Residence Address Representative Assessee Address Office Address

Part G: Declaration by Applicant or by Representative Assessee on behalf of the Applicant

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

Verification & Declaration

a. I,**BABU S A**....., in the capacity of**HIMSELF**.....(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.**HASAN**
 Date...**03/06/2026**

Girija K.Y.

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

Name: **BABU S A**

Designation: **AUTHORIZED PERSON**



ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

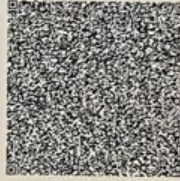
ನೋಂದಣಿ ಸಂಖ್ಯೆ / Enrollment No.: 0221/00435/00126

To
ಬಾಬು ಎಸ್ ಎ
Babu S A
S/O: Ananthamurthy S R,
kanaka nilaya,
near ganapathi temple,
santhymangala,
VTC: Gavenahalli, PO: Hassan,
Sub District: Alur, District: Hasan,
State: Karnataka,
PIN Code: 573201,
Mobile: 9900992333

00663633



KE006636339FL



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

4659 4655 3016

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India



Aadhaar no. issued: 08/12/2013



ಬಾಬು ಎಸ್ ಎ
Babu S A
ಜನ್ಮ ದಿನಾಂಕ / DOB: 02/03/1980
ಪುರುಷ / Male

ಆಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯಾಗಿದೆ, ಪೌರತ್ವ ಅಥವಾ ಜನ್ಮ ದಿನಾಂಕದ ಪುರಾವೆ ಅಲ್ಲ. ಇದನ್ನು ಆನ್‌ಲೈನ್ ದೃಢೀಕರಣ ಅಥವಾ QR ಕೋಡ್ / ಆಫ್‌ಲೈನ್ XML ಸ್ಕ್ಯಾನಿಂಗ್‌ನೊಂದಿಗೆ 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)

4659 4655 3016

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ELECTION COMMISSION OF INDIA

IDENTITY CARD

ಭಾರತ ಸರ್ಕಾರದ ಚುನಾವಣಾ ಆಯೋಗ
ಗುರುತಿನ ಚೀಟಿ

BWW1423367



Elector's Name : Babu S. A.

ಮತದಾರರ ಹೆಸರು : ಬಾಬು ಎಸ್. ಎ.

Father's Name : Ananthamurthy S.R.

ತಂದೆಯ ಹೆಸರು : ಅನಂತಮೂರ್ತಿ ಎಸ್. ಆರ್.

Sex / ಲಿಂಗ : Male / ಗಂಡು

Age as on 1.1.2004

1.1.2004 ವಯೋಮಿತಿ

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