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	BABU
Middle Name	SINGO
Last Name	AMEEN

B. Name *(as per Aadhaar)*

BABU S A

2. Gender *(select one)* ☑ Male ☐ Female ☐ Transgender

3. Date of Birth 02 03 1980

4. Aadhaar Number 465946553016

5. Residence Address

Flat/Door/Building	KANAKA NILAYA
Road/Street/Block/Sector	NEAR GANAPATHI TEMPLE, SA
Post Office	HASSAN
Area/Locality/Town/City	GAVENAHALLI
District	HASAN

State/Union Territory: KARNATAKA Country/Region: INDIA PIN / ZIP CODE: 573201

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: 91 — Mobile Number: 9900992333

(ii) Email ID: raghussecomm@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	ANANTHAMURTHY
Father's Middle Name	SINGODANA
Father's Last Name	RMMM

14.	**Mother's First Name**	H O N A M A N A H A L L I
	Mother's Middle Name	R A M E G O W D A
	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 ☐ Tick 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)* ☐ Tick Residence Address ☐ Tick Representative Assessee Address ☐ Tick 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**

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

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.. 21/06/2026

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

Name: BABU S A

Designation: AUTHORIZED PERSON

भारत सरकार

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,
santhyamangala,
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 / ಗಂ
Age as on 1.1.2004	:	
1.1.2004 ವಯೋಮಿತಿ	:	23