

**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

Middle Name

Last Name

S I D D A R A J U

**B. Name (as per Aadhaar)**

S I D D A R A J U

**2. Gender (select one)**

Male



Female



Transgender

**3. Date of Birth**

0

1

0

1

1

9

7

1

**4. Aadhaar Number**

5

1

2

1

1

1

4

9

9

9

0

8

**5. Residence Address**

Flat/Door/Building

1

4

8

Road/Street/Block/Sector

B

I

L

I

J

A

G

A

L

I

M

O

L

E

V

I

L

L

A

G

E

Post Office

S

A

R

G

U

R

Area/Locality/Town/City

M

A

L

A

V

A

L

L

I

District

M

A

N

D

Y

A

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

7

1

4

6

3

**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

0

3

0

0

6

8

(ii) Email ID

waytovasanth@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

S

A

N

N

A

S

H

E

T

T

Y

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

|                                    |                  |   |   |   |              |   |   |
|------------------------------------|------------------|---|---|---|--------------|---|---|
| 16. Assessing Officer<br>(AO Code) | (i) Area Code    | K | A | R | (ii) AO Type | W |   |
|                                    | (iii) Range Code | 3 | 2 | 1 | (iv) AO No.  | 9 | 3 |

[illegible]

18. Permanent Account Number (if any) 

|  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|

[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                       |                      |                      |                      |                      |                 |                      |                      |                      |                      |
|-------------------------------------------|----------------------|----------------------|----------------------|----------------------|-----------------|----------------------|----------------------|----------------------|----------------------|
| (i) Mobile Number                         | Country Code         | <input type="text"/> | <input type="text"/> | <input type="text"/> | Mobile Number   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| (ii) Email ID                             | <input type="text"/> |                      |                      |                      |                 |                      |                      |                      |                      |
| (iii) Landline No. with STD Code (if any) | STD Code             | <input type="text"/> | <input type="text"/> | <input type="text"/> | Landline Number | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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

|  |
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a. I, SIDDARAJU, 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: MANDYA

Date 12/09/2026

ॐ नमो भगवते वासुदेवाय

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

Name: **SIDDARAJU**

Designation: **AUTHORIZED PERSON**