

**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

C H A I T R A

Middle Name

Last Name

Y A R A J E R I

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

C H A I T R A Y A R A J E R I

**2. Gender (select one)** Tick

Male

 Tick

Female

 Tick

Transgender

**3. Date of Birth**

2 5

1 2

2 0 1 0

**4. Aadhaar Number**

5 8 2 0 4 6 8 5 2 8 1 3

**5. Residence Address**

Flat/Door/Building

C / O C H A N N A P P A Y A R A J E R I

Road/Street/Block/Sector

B A I C H B A L

Post Office

B A I C H B A L

Area/Locality/Town/City

T Q H U N A S A G I

District

Y A D G I R

State/Union Territory

KARNATAKA

Country/Region

I N D I A

PIN / ZIP CODE

5 8 5 2 9 0

**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)** Tick

Resident

 Tick

Non Resident

 Tick

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 6 9 1 7 1 9

(ii) Email ID

utireddy@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)** Tick

Salary

 Tick

Income from Business/Profession

 Tick

Income from House Property

 Tick

Capital Gains

 Tick

Income from Other Sources

 Tick

No Income

**PART C - Details of Parents****12. Whether mother/father is a single parent? (select one)** Tick

Yes

 Tick

No

**13. Father's First Name**

C H A N N A P P A

Father's Middle Name

Father's Last Name

Y A R A J E R I

14. Mother's First Name   
 Mother's Middle Name   
 Mother's Last Name R E N U K 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 4 2 1 (iv) AO No. 5

**PART E- Representative Assessee, if applicable**

17. RA's First Name C H A N N A P P A  
 RA's Middle Name  
 RA's Last Name Y A R A J E R I

18. Permanent Account Number (if any)

19. Aadhaar Number (if Permanent Account Number is not available) 2 1 9 8 5 6 9 6 7 3 6 9

**20. Representative Assessee Address**

Flat/Door/Building C / O C H A N N A P P A Y A R A J E R I  
 Road/Street/Block/Sector B A I C H B A L  
 Post Office T Q H U N A S A G I  
 Area/Locality/Town/City T Q H U N A S A G I  
 District Y A D G I R  
 State/Union Territory KARNATAKA Country/Region INDIA PIN / ZIP CODE 5 8 5 2 9 0

**21. Contact Details**

(i) Mobile Number Country Code 9 1 Mobile Number 9 7 4 1 6 9 1 7 1 9  
 (ii) Email ID utireddy@gmail.com  
 (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**

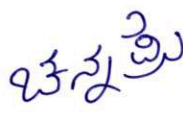
(i) Proof of Identity  (ii) Proof of Address  (iii) Proof of Date of Birth

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

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

**Verification & Declaration**

CHAITRA YARAJERI  
 a. I, CHAITRA YARAJERI, in the capacity of REPRESENTATIVE ASSESSEE (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. YADGIR  
 Date. 15/06/2026



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

Name: CHAITRA YARAJERI

Designation: REPRESENTATIVE ASSESSEE



ಭಾರತ ಸರ್ಕಾರ  
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ  
Unique Identification Authority of India

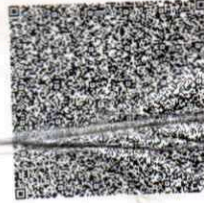
ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No. : 0804/16167/85549

To  
**Chaitra Yarajeri**  
ಚೈತ್ರಾ ಯರಜೇರಿ  
D/O: Channappa Yarajeri,  
VTC: Baichbal, PO: Baichbal,  
Sub District: Shorapur, District: Yadgir,  
State: Karnataka, PIN Code: 585290,  
Mobile: 9741691719

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ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

**5820 4685 2813**

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ಭಾರತ ಸರ್ಕಾರ  
Government of India



Issue Date: 31/05/2016



ಚೈತ್ರಾ ಯರಜೇರಿ  
**Chaitra Yarajeri**  
ಜನ್ಮ ದಿನಾಂಕ / DOB: 25/12/2010  
ಸ್ತ್ರೀ / Female

**5820 4685 2813**

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು





सत्यमेव जयते  
भारत सरकार



आधार

ಭಾರತ ಸರ್ಕಾರ  
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ  
Unique Identification Authority of India

ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No. : 0804/16167/85334

To  
**Channappa**  
ಚನ್ನಪ್ಪ  
S/O:-Anappa,  
grama baichbal taluka surpur,  
VTC: Baichbal, PO: Baichbal,  
Sub District: Shorapur, District: Yadgir,  
State: Karnataka, PIN Code: 585290,  
Mobile: 9741691719

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ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

**2198 5696 7369**

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ  
Government of India



ಆಧಾರ್

Issue Date: 16/09/2014



ಚನ್ನಪ್ಪ  
**Channappa**  
ಜನ್ಮ ದಿನಾಂಕ / DOB: 01/01/1988  
ಪುರುಷ / Male

**2198 5696 7369**

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