



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 A N J A N A

B. Name (as per Aadhaar)

S A N J A N A

2. Gender (select one)

☐ Tick

Male

☒ Tick

Female

☐ Tick

Transgender

3. Date of Birth

0

3

0

5

2

0

0

6

4. Aadhaar Number

7

8

6

7

7

6

2

3

4

2

3

9

5. Residence Address

Flat/Door/Building

R

A

N

G

A

N

A

K

O

P

P

A

L

U

Road/Street/Block/Sector

M

A

D

I

H

A

L

L

I

H

O

B

L

L

I

,

R

A

N

G

Post Office

A

N

D

A

L

E

Area/Locality/Town/City

A

N

D

A

L

E

District

H

A

S

A

N

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

7

3

2

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)

☒ 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

6

3

2

4

8

9

3

1

5

(ii) Email ID

colorsnetwork@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

Father's Middle Name

Father's Last Name

M

A

R

U

L

A

P

P

A

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

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

[illegible]

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

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

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

SANJANA **SELF**
a. I,, in the capacity of(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...19/06/2026

Sanjama

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

Name: SANJANA

Designation: **AUTHORIZED PERSON**



ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No. : 0804/16318/13896

To

Sanjana

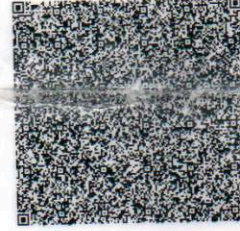
ಸಂಜನ

D/O: Marulappa,
Madihalli Hoblli,
Rangana koppalu village,
VTC: Andale, PO: Andale,
Sub District: Belur, District: Hasan,
State: Karnataka, PIN Code: 573216,
Mobile: 9632489315

31193458



KG311934585F1



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

7867 7623 4239

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India



Issue Date: 26/09/2013



ಸಂಜನ

Sanjana

ಜನ್ಮ ದಿನಾಂಕ / DOB: 03/05/2006

ಸ್ತ್ರೀ / Female

7867 7623 4239

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ನಂ.
No.

ನಮೂನೆ - 5
Form - 5



ಕರ್ನಾಟಕ ಸರ್ಕಾರ
GOVERNMENT OF KARNATAKA
ಜನನ ಮತ್ತು ಮರಣಗಳ ಮುಖ್ಯ ರಿಜಿಸ್ಟ್ರಾರರು
Chief Registrar of Births and Deaths



ಜನನ ಪ್ರಮಾಣ ಪತ್ರ

(ಜ.ಮ.ನೋ. ಅಧಿನಿಯಮ, 1969ರ 12/17 ನೆಯ ಪ್ರಕರಣ ಹಾಗೂ ಕ.ಜ.ಮ.ನೋ.ನಿಯಮಗಳು, 1999 ರ
ನಿಯಮ 8/13 ರ ಮೇರೆಗೆ ಕೊಡಲಾದ)

BIRTH CERTIFICATE

(Issued Under Section 12/17 of the RBD Act, 1969 and Rule 8/13 of the KRBD Rules, 1999)

ಈ ಕೆಳಕಂಡ ವಿವರಗಳನ್ನು ಕರ್ನಾಟಕ ರಾಜ್ಯದ _____ ಜಿಲ್ಲೆಯ _____ ತಾಲ್ಲೂಕಿನ
_____ (ಗ್ರಾಮ/ಪಟ್ಟಣ)ದ ರಿಜಿಸ್ಟ್ರಾರನಲ್ಲಿರುವ ಜನನ ಸಂಬಂಧವಾದ ಮೂಲ ದಾಖಲೆಯಿಂದ
ತೆಗೆದುಕೊಳ್ಳಲಾಗಿದೆಯೆಂದು ಪ್ರಮಾಣೀಕರಿಸಲಾಗಿದೆ.

This is to certify that the following information has been taken from the original record of birth
which is the register for (village/town) oftaluk of
.....district of Karnataka State.

- ಹೆಸರು
Name ಹೆಸರು
- ಲಿಂಗ
Sex ಹೆಣ್ಣು
- ಜನನವಾದ ತಾರೀಖು
Date of Birth 03.05.2006
- ಜನಿಸಿದ ಸ್ಥಳ
Place of Birth ಶರಣಾ ಬೆಳ್ಳೆ, ಹಸಿ
- ತಾಯಿಯ ಹೆಸರು
Name of Mother ಮಮತಾ
- ತಂದೆಯ ಹೆಸರು
Name of Father ಮುರುಳಿಪ್ಪ
- ಮಗುವಿನ ಜನನದ ಸಮಯದಲ್ಲಿ ತಂದೆತಾಯಿಯರ ವಿಳಾಸ:
Address of parents at the time of birth of the child:
.....
.....
.....
- ತಂದೆತಾಯಿಯರ ಖಾಯಂ ವಿಳಾಸ
Permanent address of parents:
.....
.....
.....
- ನೋಂದಣಿ ಸಂಖ್ಯೆ :
Registration No. : 3969
- ನೋಂದಣಿಯಾದ ದಿನಾಂಕ:
Date of Registration : 5/6/2006
- ಪ್ರಮಾಣಪತ್ರ ನೀಡಿದ ದಿನಾಂಕ:
Date of Issue 21/9/2007
- ಪ್ರಮಾಣ ಪತ್ರ ಕೊಡುವ ಪ್ರಾಧಿಕಾರಿಯ ಸಹಿ
Signature of Issuing Authority
.....
.....
- ಪ್ರಮಾಣ ಪತ್ರ ಕೊಡುವ ಪ್ರಾಧಿಕಾರಿಯ ವಿಳಾಸ
Address of the issuing authority
.....
.....

Registrar of Birth & Death, Verified with Originals
City Municipality, Hassan
Branch Name: Hassan
EMP-ID: 140

EMP Name: KENCHARAYA SETTY B.R.

"ಪ್ರತಿಯೊಂದು ಜನನ ಮತ್ತು ಮರಣದ ನೋಂದಣಿಯನ್ನೂ ಖಚಿತಪಡಿಸಿಕೊಳ್ಳಿ".
"Ensure registration of every birth and death"

