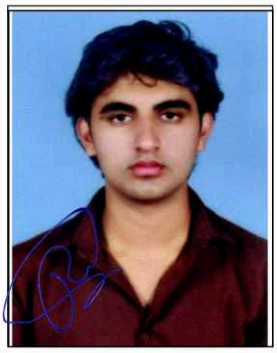
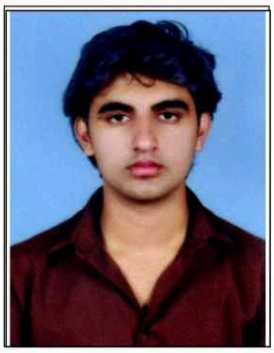


FORM NO. 93

[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	REHAN
Middle Name	MADIKERI
Last Name	USMAN

B. Name *(as per Aadhaar)*

REHAN M U

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

3. Date of Birth 28 06 2007

4. Aadhaar Number 922169955060

5. Residence Address

Flat/Door/Building	C/O USMAN RJAMAL
Road/Street/Block/Sector	
Post Office	MAKKANDUR
Area/Locality/Town/City	KARNANGERI
District	KODAGU
State/Union Territory	KARNATAKA
Country/Region	INDIA
PIN / ZIP CODE	571201

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 8762604490

(ii) Email ID — afreedmh1997@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	USMAN
Father's Middle Name	
Father's Last Name	RJAMAL

14. **Mother's First Name**	H A S E E N A
Mother's Middle Name	A S M A
Mother's Last Name	M A N Z I L

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)* ☑ 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**

☑ (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

Verification & Declaration

a. I, REHAN M U, in the capacity of SELF (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. KODAGU

Date.. 24/06/2026

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

Name: REHAN M U

Designation: AUTHORIZED PERSON

सत्यमेव जयते
भारत सरकार

आधार

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ / Enrollment No.: 0129/11091/03074

To
ರೆಹಾನ್ ಎಂ ಯು
Rehan M U
S/O Usman R,
.,.,
VTC: Karnangeri,
PO: Makkandur,
Sub District: Madikeri, District: Kodagu,
State: Karnataka,
PIN Code: 571201,
Mobile: 8762604490

112102853

MH121028537FL

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

9221 6995 5060

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಆಧಾರ್

ರೆಹಾನ್ ಎಂ ಯು
Rehan M U
ಜನ್ಮ ದಿನಾಂಕ / DOB : 28/06/2007
ಪುರುಷ / Male

Issue Date : 18/12/2011

9221 6995 5060

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

24266216

ಕರ್ನಾಟಕ ಸರ್ಕಾರ

GOVERNMENT OF KARNATAKA

Z2HH00268

248131305

ಕರ್ನಾಟಕ ಶಾಲಾ ಪರೀಕ್ಷೆ ಮತ್ತು ಮೌಲ್ಯನಿರ್ಣಯ ಮಂಡಲಿ, ಬೆಂಗಳೂರು

Karnataka School Examination and Assessment Board, Bengaluru

ಅಂಕಪಟ್ಟಿ ಹಾಗೂ ಪ್ರಮಾಣ ಪತ್ರ / Marks Statement cum Certificate

ಈ ಕೆಳಗೆ ನಮೂದಿತ ಅಭ್ಯರ್ಥಿಯು ಎಸ್.ಎಸ್.ಎಲ್.ಸಿ. ಪರೀಕ್ಷೆಯಲ್ಲಿ ತೇರ್ಗಡೆಯಾಗಿರುವುದನ್ನು ಪ್ರಮಾಣೀಕರಿಸಿದೆ.

This is to certify that the below mentioned candidate has passed S.S.L.C. Examination.

ನೋಂದಣಿ ಸಂಖ್ಯೆ / Register No. : 20240045567	ವರ್ಷ / Year : 2024
ಶಿಕ್ಷಣ ಮಾಧ್ಯಮ / Medium of Instruction : ENGLISH	ಅಭ್ಯರ್ಥಿ ಬಗೆ / Candidate Type : CCE REGULAR FRESH

ಅಭ್ಯರ್ಥಿಯ ಹೆಸರು / Candidate's Name : REHAN M U

ತಂದೆಯ ಹೆಸರು / Father's Name : USMAN R

ತಾಯಿಯ ಹೆಸರು / Mother's Name : HASEENA A M

ಜನ್ಮ ದಿನಾಂಕ / Date of Birth : 28-06-2007 TWENTY-EIGHTH - JUNE - TWO THOUSAND SEVEN	ಲಿಂಗ / Gender : BOY

ಭಾಗ – ಎ / PART - A

ಶೈಕ್ಷಣಿಕ ವಿಷಯಗಳು SCHOLASTIC SUBJECTS	ಆಂತರಿಕ ಮೌಲ್ಯಮಾಪನ INTERNAL ASSESSMENT		ಬಾಹ್ಯ ಪರೀಕ್ಷೆ EXTERNAL EXAMINATION		ಒಟ್ಟು ಅಂಕಗಳು TOTAL MARKS			
	ಗರಿಷ್ಠ ಅಂಕಗಳು MAX. MARKS	ಗಳಿಸಿದ ಅಂಕಗಳು MARKS OBTAINED	ಗರಿಷ್ಠ ಅಂಕಗಳು MAX. MARKS	ಗಳಿಸಿದ ಅಂಕಗಳು MARKS OBTAINED	ಗರಿಷ್ಠ ಅಂಕಗಳು MAX. MARKS	ಕನಿಷ್ಠ ಅಂಕಗಳು MIN. MARKS	ಒಟ್ಟು ಅಂಕಗಳು TOTAL MARKS	ಶ್ರೇಣಿ GRADE
ಪ್ರಥಮ ಭಾಷೆ / FIRST LANGUAGE KANNADA	25	23	100	59	125	44	82	B
ದ್ವಿತೀಯ ಭಾಷೆ / SECOND LANGUAGE ENGLISH	20	20	80	56	100	35	76	B+
ತೃತೀಯ ಭಾಷೆ / THIRD LANGUAGE HINDI	20	20	80	67	100	35	87	A
ಗಣಿತ / MATHEMATICS	20	19	80	36	100	35	55	C+
ವಿಜ್ಞಾನ / SCIENCE	20	19	80	39	100	35	58	C+
ಸಮಾಜ ವಿಜ್ಞಾನ / SOCIAL SCIENCE	20	19	80	54	100	35	73	B+
ಒಟ್ಟು ಅಂಕಗಳು / TOTAL MARKS	125	**120**	500	**311**	625	219	**431**	ಸಿಜಿಎ / CGA : **B**

ಗಳಿಸಿದ ಒಟ್ಟು ಅಂಕಗಳು (ಅಕ್ಷರಗಳಲ್ಲಿ) / TOTAL MARKS OBTAINED (IN WORDS) : FOUR HUNDRED THIRTY-ONE ONLY	Percentage / ಶೇಕಡಾವಾರು : (68.96%)

ಭಾಗ – ಬಿ / PART - B

ಕ್ರ. ಸಂ./ Sl. No.	ಸಹ ಶೈಕ್ಷಣಿಕ ವಿಷಯಗಳು / CO-SCHOLASTIC SUBJECTS	ಶ್ರೇಣಿ / GRADE	ಕ್ರ. ಸಂ./ Sl. No.	ಸಹ ಶೈಕ್ಷಣಿಕ ವಿಷಯಗಳು / CO-SCHOLASTIC SUBJECTS	ಶ್ರೇಣಿ / GRADE
1.	ದೈಹಿಕ ಮತ್ತು ಆರೋಗ್ಯ ಶಿಕ್ಷಣ / PHYSICAL & HEALTH EDUCATION	A	2.	ಮನೋಭಾವ ಮತ್ತು ಮೌಲ್ಯಗಳು / ATTITUDE & VALUES	A
3.	ಕಾರ್ಯಾನುಭವ / WORK EXPERIENCE	A	4.	ಕಲಾ ಶಿಕ್ಷಣ / ART EDUCATION	A

KSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSE

ಶಾಲಾ ಸಂಕೇತ / SCHOOL CODE : HH0006

ಶಾಲಾ ಹೆಸರು ಮತ್ತು ವಿಳಾಸ / SCHOOL NAME AND ADDRESS :

ST'MICHAELS HIGH SCHOOL

MADIKERI, KODAGU DIST- 571201

ಅಧ್ಯಕ್ಷರು

Chairperson

24266216