



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

S A R O J A M M A

Middle Name

Last Name

U P P A R U

B. Name (as per Aadhaar)

S A R O J A M M A U

2. Gender (select one)

☐ Tick

Male

☒ Tick

Female

☐ Tick

Transgender

3. Date of Birth

1 9 0 4 1 9 7 7

4. Aadhaar Number

2 1 7 5 9 0 5 8 1 7 2 9

5. Residence Address

Flat/Door/Building

C / O T I R U P A T H I

Road/Street/Block/Sector

B U D U G U P P A

Post Office

B U D U G U P P A

Area/Locality/Town/City

B U D U G U P P A

District

B A L L A R I

State/Union Territory

KARNATAKA

Country/Region

I N D I A

PIN / ZIP CODE

5 8 3 1 2 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

8 1 5 2 8 2 9 0 5 0

(ii) Email ID

manjugp2025@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

T I R U P A T H I

|                         |                   |
|-------------------------|-------------------|
| 14. Mother's First Name |                   |
| Mother's Middle Name    |                   |
| Mother's Last Name      | A N N A P U R N 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.  | 9 1 |

#### 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 ☐ 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

SAROJAMMA U

a. I, SAROJAMMA 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. BALLARI

Date. 24/06/2026



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

Name: SAROJAMMA U

Designation: AUTHORIZED PERSON





Name/ ಹೆಸರು

**Sarojamma U**

ಸರೋಜಮ್ಮ ಯು

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

**91-4415-5765-2449**

Abha Address/ ಅಭಾ ವಿಳಾಸ

**sarojamma.u@abdm**



Gender/ ಲಿಂಗ  
**Female / ಹೆಣ್ಣು**

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ  
**19-04-1977**

Mobile/ ಮೊಬೈಲ್  
**8152829050**

**Instructions**

**Toll-Free Number: 1800 114 477**

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- If this card is lost kindly download it from [www.abha.abdm.gov.in](http://www.abha.abdm.gov.in), it is digitally acceptable.  
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