

**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

T A S H L E E F S A B

Middle Name

Last Name

N A D A F

B. Name (as per Aadhaar)

T A S H L E E F S A B N A D A F

2. Gender (select one)

Male



Female



Transgender

3. Date of Birth

0

7

0

7

2

0

0

7

4. Aadhaar Number

6

5

1

4

7

4

0

5

4

6

7

3

5. Residence Address

Flat/Door/Building

C / O F A K E E R A S A B

Road/Street/Block/Sector

P I N J A R O N L

Post Office

L A K K U N D I

Area/Locality/Town/City

L A K K U N D I

District

G A D A G

State/Union Territory

KARNATAKA

Country/Region

I N D I A

PIN / ZIP CODE

5

8

2

1

1

5

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

8

1

5

0

0

9

8

3

6

1

(ii) Email ID

g1.lakkundiopr17427@mail.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

F A K E E R A S A B

14. Mother's First Name	
Mother's Middle Name	
Mother's Last Name	F A T I M 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 1 1	(iv) AO No.	1 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

TASHLEEF SAB NADAF

a. I, TASHLEEF SAB NADAF, 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. GADAG

Date. 28/06/2026



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

Name: TASHLEEF SAB NADAF

Designation: AUTHORIZED PERSON



ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಾಯಣ ಸಂಖ್ಯೆ / Enrollment No. : 0604/00621/78454

To

Tashilifsab Nadaf

ತಶೀರ್ಲಿಫ್ ಸಾಬು ನದಾಫ್

S/O: Fakirasab,

pinjar on,

VTC: Lakkundi, PO: Lakkundi,

Sub District: Shirhatti, District: Gadag,

State: Karnataka, PIN Code: 582115,

Mobile: 8150098361

60225893



KF602258933FI



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

6514 7405 4673

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India



Issue Date: 10/03/2016



ತಶೀರ್ಲಿಫ್ ಸಾಬು ನದಾಫ್

Tashilifsab Nadaf

ಜನ್ಮ ದಿನಾಂಕ / DOB: 01/07/2007

ಲಿಂಗ / Male

6514 7405 4673

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



Z1MB73649

ಕರ್ನಾಟಕ ಶಾಲಾ ಪರೀಕ್ಷೆ ಮತ್ತು ಮೌಲ್ಯನಿರ್ಣಯ ಮಂಡಳಿ, ಬೆಂಗಳೂರು
Karnataka School Examination and Assessment Board, Bengaluru

ಅಂಕಪಟ್ಟಿಹಾಗೂ 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.



102206787

ನೋಂದಣಿ ಸಂಖ್ಯೆ / Register No. : 20230115938

ವರ್ಷ/Year : MARCH/APRIL - 2023

ಶಿಕ್ಷಣ ಮಾಧ್ಯಮ / Medium of Instruction : **KANNADA**

ප්‍රතිචාරක වර්ග / Candidate Type : CCE REGULAR FRESH

ಅಭ್ಯರ್ಥಿಯ ಹೆಸರು / Candidate's Name : TASHLEEF SAB NADAF

ತಂದೆಯ ಹೆಸರು / Father's Name : **FAKEERASAB**

ತಾಯಿಯ ಹೆಸರು / Mother's Name : **FATIMA**

ಜನ್ಮ ದಿನಾಂಕ /
Date of Birth : 07-07-2007 SEVENTH - JULY - TWO THOUSAND SEVEN

♂/ **BOY**
Gender :

ਭਾਗ - ੧ / PART - A

ಗಣಿಸಿದ ಒಟ್ಟು ಅಂಕಗಳು (ಅಕ್ಷರಗಳಲ್ಲಿ) /

TOTAL MARKS OBTAINED (IN WORDS) :

THREE HUNDRED TWO ONLY

Percentage / (48.32%)
ಶೇಕಡಾವಾರು:

પ્રશ્ન - ૭ / PART - B

ಕ್ರ. ಸಂ./ Sl. No.	ಸಹ ಶೈಕ್ಷಣಿಕ ವಿಷಯಗಳು / CO-SCHOLASTIC SUBJECTS	ಶ್ರೇಣಿ / GRADE
1.	ದೈಹಿಕ ಮತ್ತು ಆರೋಗ್ಯ ಶಿಕ್ಷಣ / PHYSICAL & HEALTH EDUCATION	B
3.	ಕಾರ್ಯಾನುಭವ / WORK EXPERIENCE	B

[illegible]

ಶಾಲಾ ಸಂಕೇತ / SCHOOL CODE: MB0024

ಶಾಲಾ ಹೆಸರು ಮತ್ತು ವಿಳಾಸ / SCHOOL NAME AND ADDRESS :

SRI B H PATIL COMP JUNIOR COLLEGE

LAKKUNDI GADAG RURL TQ 3 581215

23373161