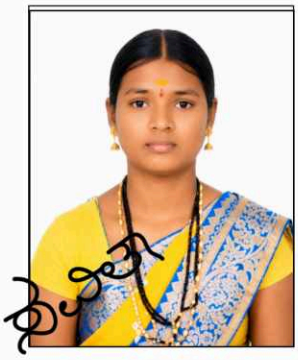

FORM NO. 93

[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	SAVITA
Middle Name	DEVAPPA
Last Name	PUJAR

B. Name *(as per Aadhaar)*

SAVITA DEVAPPA PUJAR

2. Gender *(select one)* — Tick Male | ✓ Female | Tick Transgender

3. Date of Birth — 26 10 2006

4. Aadhaar Number — 899637806091

5. Residence Address

Flat/Door/Building	NEAR GUNDALINGESHWAR PLO
Road/Street/Block/Sector	GUDISAGAR
Post Office	GUDISAGAR
Area/Locality/Town/City	GUDISAGAR
District	DHARWAD
State/Union Territory	KARNATAKA
Country/Region	INDIA
PIN / ZIP CODE	582208

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 | 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	91	Mobile Number	7026259811
(ii) Email ID	mallusagar.ur@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 | ✓ Income from Other Sources | Tick No Income

PART C - Details of Parents

12. Whether mother/father is a single parent? *(select one)* — Tick Yes | ✓ No

13. Father's First Name	MALLAPPA
Father's Middle Name	
Father's Last Name	KONDI

14.	**Mother's First Name**	
	Mother's Middle Name	
	Mother's Last Name	K O N D I

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, SAVITA DEVAPPA PUJAR, 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. DHARWAD

Date.. 29/06/2026

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

Name: SAVITA DEVAPPA PUJAR

Designation: AUTHORIZED PERSON

भारत सरकार

आधार

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: S132/18844/96210

To
ಸವಿತಾ ದೇವಪ್ಪ ಪೂಜಾರ

Savita Devappa Pujar
C/O: Devappa Kariyallappa Pujar,
Ward No 2,
#69,
Near Gundulngeshwar Plot,
Taluka Navalgund,
VTC: Gudisagar,
PO: Gudisagar,
Sub District: Navalgund,
District: Dharwad,
State: Karnataka,
PIN Code: 582208
Mobile: 7026259811

Signature Not Verified
Digitally signed by DS Unique Identification Authority of India
06
Date: 2026.06.10 17:23:35 IST

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

8996 3780 6091

VID : 9187 0209 7143 0610

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಸವಿತಾ ದೇವಪ್ಪ ಪೂಜಾರ
Savita Devappa Pujar
ಜನ್ಮ ದಿನಾಂಕ/DOB: 26/10/2006
ಸ್ತ್ರೀ/ FEMALE

Aadhaar no. issued: 10/04/2016

ಆಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯಾಗಿದೆ, ಪೌರತ್ವ ಅಥವಾ ಜನ್ಮ ದಿನಾಂಕದ ಪುರಾವೆ ಅಲ್ಲ. ಇದನ್ನು ಆನ್‌ಲೈನ್ ದೃಢೀಕರಣ ಅಥವಾ QR ಕೋಡ್ / ಆಫ್‌ಲೈನ್ XML ಸ್ಕ್ಯಾನಿಂಗ್‌ನೊಂದಿಗೆ ಮಾತ್ರ ಬಳಸಬೇಕು.

Aadhaar is proof of identity, not of citizenship or date of birth. It should be used only with verification (online authentication or scanning of QR code / offline XML)

8996 3780 6091

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

national health authority
सत्यमेव जयते

Ayushman Bharat Health Account (ABHA)
आयुष्मान भारत स्वास्थ्य खाता (आभा)

Name/ ಹೆಸರು
Savita Devappa Pujar
ಸವಿತಾ ದೇವಪ್ಪ ಪೂಜಾರ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ
91-3425-6654-2680

Abha Address/ ಅಭಾ ವಿಳಾಸ
savitapujar262006@abdm

Gender/ ಲಿಂಗ
Female / ಹೆಣ್ಣು

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ
26-10-2006

Mobile/ ಮೊಬೈಲ್
7026259811

national health authority
सत्यमेव जयते

Ayushman Bharat Health Account (ABHA)
आयुष्मान भारत स्वास्थ्य खाता (आभा)