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	DEEKSHITH

B. Name *(as per Aadhaar)*

DEEKSHITH

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

3. Date of Birth 18 09 2008

4. Aadhaar Number 985427397894

5. Residence Address

Flat/Door/Building	C/O MAHABALA POOJARY
Road/Street/Block/Sector	
Post Office	MADAMAKKI
Area/Locality/Town/City	HEBRI
District	UDUPI
State/Union Territory	KARNATAKA
Country/Region	INDIA
PIN / ZIP CODE	574231

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	7411291318
(ii) Email ID	lathahegde106@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	MAHABALA
Father's Middle Name	
Father's Last Name	POOJARY

14.	**Mother's First Name**	
	Mother's Middle Name	
	Mother's Last Name	J A Y A N T H 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: 5 3 1
(iv) AO No.: 9 2

PART E- Representative Assessee, if applicable

17.	**RA's First Name**	M A H A B A L A
	RA's Middle Name	
	RA's Last Name	P O O J A R Y

18. **Permanent Account Number** *(if any)*

19. **Aadhaar Number** (*if Permanent Account Number is not available*) 9 8 5 4 2 7 3 9 7 8 9 4

20. **Representative Assessee Address**

Flat/Door/Building	C / O M A H A B A L A P O O J A R Y
Road/Street/Block/Sector	H E B R I
Post Office	H E B R I
Area/Locality/Town/City	H E B R I
District	U D U P I
State/Union Territory	KARNATAKA
Country/Region	INDIA
PIN / ZIP CODE	5 7 6 2 1 2

21. **Contact Details**

(i) Mobile Number — Country Code: 9 1 — Mobile Number: 7 4 1 1 2 9 1 3 1 8
(ii) Email ID: lathahegde106@gmail.com
(iii) Landline No. with STD Code (*if any*) — STD Code: — Landline Number:

Part F: Communication Address

22. **Address for Communication** *(select one)* ☐ Tick Residence Address ☑ 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**

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

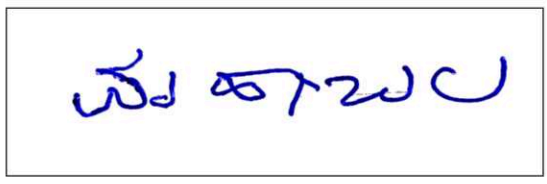
Verification & Declaration

a. I, DEEKSHITH ……, in the capacity of REPRESENTATIVE ASSESSEE (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. UDUPI

Date. 07/07/2026



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

Name: DEEKSHITH

Designation: REPRESENTATIVE ASSESSEE

Government of India

Unique Identification Authority of India

Enrolment No.: 0804/21101/00903

To

Your Aadhaar No. :

9854 2739 7894

VID : 9151 8707 4900 0788

Government of India

9854 2739 7894

INFORMATION

- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on www.uidai.gov.in.
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent.

Unique Identification Authority of India

Address:

9854 2739 7894

VID : 9151 8707 4900 0788

1947 | help@uidai.gov.in | www.uidai.gov.in

ಮಗುವಿನ ಹಕ್ಕುಗಳ ಸಪ್ತಾಹ
(14-20 ನವೆಂಬರ್ 2003)

Child Rights Week
(14-20 Nov. 2003)

ಕರ್ನಾಟಕ ಸರ್ಕಾರ
Government of Karnataka

ಜನನ ಮತ್ತು ಮರಣಗಳ ಮುಖ್ಯ ರಿಜಿಸ್ಟ್ರಾರರು
Chief Registrar of Births and Deaths

ನಮೂನೆ ನಂ. 5
(ನಿಯಮ 8 ನೋಡಿ)
FORM NO. 5
(See Rule 8)

ಜನನ ಪ್ರಮಾಣ ಪತ್ರ
(12/17 ನಿಯಮ ಪ್ರಕರಣ ಮೇರೆಗೆ ಕೊಡಲಾದ)
BIRTH CERTIFICATE
(Issued under Section 12/17)

ಈ ಕೆಳಕಂಡ ವಿವರಣೆಯನ್ನು ಕರ್ನಾಟಕ ರಾಜ್ಯದ ..... ಜಿಲ್ಲೆಯ
..... ತಾಲ್ಲೂಕಿನ .....(ಗ್ರಾಮ/ಪಟ್ಟಣ)ದ
ರಿಜಿಸ್ಟರಿನಲ್ಲಿರುವ 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) of ..... taluk of ..... District of Karnataka State.

1) ಹೆಸರು / Name .....
2) ತಂದೆಯ ಹೆಸರು / Name of Father .....
3) ಲಿಂಗ / Sex .....
4) ತಾಯಿಯ ಹೆಸರು / Name of Mother .....
5) ಜನನವಾದ ತಾರೀಖು / Date of Birth .....
6) ನೋಂದಣಿ ಸಂಖ್ಯೆ / Registration No .....
7) ಜನನವಾದ ಸ್ಥಳ / Place of Birth .....
8) ನೋಂದಣಿ ತಾರೀಖು / Date of Registration .....

ದಿನಾಂಕ : / Date :

ಪ್ರಮಾಣ ಪತ್ರ ಕೊಡುವ ಪ್ರಾಧಿಕಾರಿಯ ಸಹಿ
Signature of Issuing Authority

ಮೊಹರು / Seal :

Printed by : The Director of Printing, Stationery & Publication, Govt. Press, Bangalore-59 / WD 1976

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 0658/10254/06912

To
ಮಹಾಬಲ ಪೂಜಾರಿ
Mahabala Poojary
C/O: Vittala Poojary
1-102
Ablikatte
Kundapura Taluk
Belve
Udupi Karnataka - 576212
9481750736

Signature valid

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

8462 2983 8274

VID : 9137 6094 4874 1197

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಮಹಾಬಲ ಪೂಜಾರಿ
Mahabala Poojary
ಜನ್ಮ ದಿನಾಂಕ/DOB: 06/08/1975
ಪುರುಷ/ MALE

Issue Date: 16/10/2012

8462 2983 8274

VID : 9137 6094 4874 1197

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು