

**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

P U R A

Middle Name

R A N G A

S W A

M I

Last Name

J A Y A

N T H

B. Name (as per Aadhaar)

P

R

J

A

Y

A

N

T

H

2. Gender (select one)☒

Male

☐

Female

☐

Transgender

3. Date of Birth

0

3

0

3

2

0

0

5

4. Aadhaar Number

3

4

9

7

6

7

5

5

7

4

3

9

5. Residence Address

Flat/Door/Building

C / O

R A N G A

S W A

M I

Road/Street/Block/Sector

P U R A

V I L L A

G E

Post Office

P U R A

Area/Locality/Town/City

P U R A

District

C H I K K A

B A L L A

P U R

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

6

1

2

1

1

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

9

7

4

1

1

3

3

3

6

2

(ii) Email ID

girish.ranganna@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

Father's Middle Name

Father's Last Name

R A N G A

S W A

M I

15. Name of parent to be printed on Permanent Account Number card (select one) ☒ Father ☐ Mother

16. Assessing Officer (AO Code)	(i) Area Code	K	A	R	(ii) AO Type	W	
	(iii) Range Code	1	2	8	(iv) AO No.	9	4

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

[illegible]

22. Address for Communication (select one) ☒ Residence Address ☐ Representative Assessee Address ☐ Office Address

☒ (i) Proof of Identity ☒ (ii) Proof of Address ☒ (iii) Proof of Date of Birth

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

a. I, P R JAYANTH, 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. CHIKKABALLAPUR

Date..03/07/2026

P. R. Jayanth

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

Name: P R JAYANTH

Designation: **AUTHORIZED PERSON**



ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

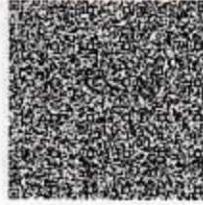
ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No. : 0821/83856/03796

To
P R Jayanth
ಪಿ ಆರ್ ಜಯಂತ್
VTC: Pura, PO: Pura,
Sub District: Gauribidnur, District: Chikkaballapur,
State: Karnataka, PIN Code: 561211,
Mobile: 9741133362

41830641



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ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

3497 6755 7439

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ಭಾರತ ಸರ್ಕಾರ
Government of India



Issue Date: 21/12/2013



ಪಿ ಆರ್ ಜಯಂತ್
P R Jayanth
ಜನ್ಮ ದಿನಾಂಕ / DOB: 03/03/2005
ವ್ಯಕ್ತಿ / Male

3497 6755 7439

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