



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

C H I N M A Y A

B. Name (as per Aadhaar)

C H I N M A Y A

2. Gender (select one)



Male



Female



Transgender

3. Date of Birth

1

1

0

9

2

0

0

6

4. Aadhaar Number

8

5

4

4

8

3

9

0

2

3

8

3

5. Residence Address

Flat/Door/Building

W

A

R

D

N

O

2

Road/Street/Block/Sector

M

A

S

J

I

D

S

T

R

E

E

T

Post Office

K

.

B

E

L

A

G

A

L

Area/Locality/Town/City

K

E

N

C

H

A

G

A

R

A

B

E

L

A

G

A

L

District

B

A

L

L

A

R

I

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

8

3

1

2

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

8

8

4

5

2

3

(ii) Email ID

shivararaj18@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

C

H

I

D

A

N

A

N

D

A

Father's Middle Name

Father's Last Name

A

C

H

A

R

I

14. Mother's First Name	
Mother's Middle Name	
Mother's Last Name	K A L A M 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 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

CHINMAYA

SELF

a. I, CHINMAYA, 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. 04/07/2026

ಚಿನ್ಮಯ

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

Name: CHINMAYA

Designation: AUTHORIZED PERSON

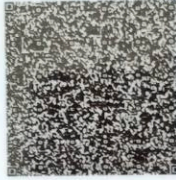


ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ Enrolment No.: 070703115/07365

To
ಚಿಮ್ಮಯ
Chimmaya
S/O: Chidananda Achari,
Ward No 2,
Masjid Street,
VTC: Kenchagarabelagali,
PO: K. belagal,
Sub District: Siruguppa,
District: Bellary,
State: Karnataka,
PIN Code: 583121,
Mobile: 9741894523



Signature valid
Signature of the holder of Aadhaar
Date: 10/11/2013
14:06:15

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :
8544 8390 2383
VID : 9168 2069 5044 1906

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India



ಚಿಮ್ಮಯ
Chimmaya
ಜನ್ಮ ದಿನಾಂಕ/DOB: 11/09/2006
ಪ್ರಭುತ್ವ/MALE

ಆಧಾರ್ ಗುರುತು ಭಾರತದಾದ್ಯಂತ, ಉಚಿತ ಉದ್ದೇಶಕ್ಕೆ ಮಾತ್ರ ಬಳಸಬೇಕು. ಅದರಲ್ಲಿ ಯಾವುದೇ ಅನ್ಯ ಅನ್ವಯಿಕೆ ಅಥವಾ ಅದರಲ್ಲಿ ಯಾವುದೇ ಬದಲಾವಣೆ ಮಾಡುವುದು ಅಪರಾಧ. / 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.)

8544 8390 2383

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಚುನಾವಣಾ ಆಯೋಗ
ELECTION COMMISSION OF INDIA

ಮತದಾರರ ಪ್ರಾಣಿ ಸುರಕ್ಷತೆ ಕಾರ್ಡ್ - Elector Photo Identity Card

UBB3600251



ಹೆಸರು: ಚಿನ್ಮಯ

Name: Chinmaya

ತಂದೆಯ ಹೆಸರು: ಚಿದಾನಂದ ಅಚಾರಿ

Father's Name: Chidananda Achari

ಲಿಂಗ / Gender: ಗಂಡು / Male

ಜನ್ಮ ದಿನಾಂಕ / ಪದವಿ

Date of Birth / Age: 11-08-2005

