

**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

G E E T H A N J A L I

B. Name (as per Aadhaar)

G E E T H A N J A L I

2. Gender (select one)☐ Tick

Male

☒ Tick

Female

☐ Tick

Transgender

3. Date of Birth

2 3 0 6 2 0 0 8

4. Aadhaar Number

4 2 8 3 5 4 2 0 6 4 2 1

5. Residence Address

Flat/Door/Building

C / O R A V I

Road/Street/Block/Sector

S H A N T H I G R A M A H O B A L I

Post Office

D O D D A G E N I G E R E

Area/Locality/Town/City

C H I K K A G E N I G E R E

District

H A S A N

State/Union Territory

KARNATAKA

Country/Region

I N D I A

PIN / ZIP CODE

5 7 3 2 2 0

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)☒ Tick

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

9 1

Mobile Number

7 4 8 3 8 8 0 6 3 9

(ii) Email ID

yukthainsurance@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

☒ Tick

Income from Other Sources

☐ Tick

No Income

PART C - Details of Parents**12. Whether mother/father is a single parent? (select one)**☐ Tick

Yes

☒ Tick

No

13. Father's First Name

Father's Middle Name

Father's Last Name

R A V 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	3	2	1	(iv) AO No.	9	2

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

GEETHANJALI

a. I, 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: HASAN

Date..08/07/2026

Speetham ..

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

Name: GEETHANJALI

Designation: **AUTHORIZED PERSON**



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Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

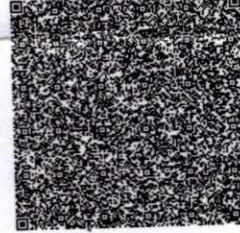
ನೋಂದಣಿ ಸಂಖ್ಯೆ / Enrollment No.: 2842/81721/01099

To
ಗೀತಾಂಜಲಿ
Geethanjali
D/O: Ravi,
Shanthi Grama Hobali,
VTC: Chikkagenigere,
PO: Doddagenigere,
Sub District: Alur, District: Hasan,
State: Karnataka,
PIN Code: 573220,
Mobile: 9632723849

13/01/2014
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ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

4283 5420 6421

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Government of India



ಗೀತಾಂಜಲಿ
Geethanjali
ಜನ್ಮ ದಿನಾಂಕ / DOB : 23/06/2008
ಸ್ತ್ರೀ / Female

13/01/2014

4283 5420 6421

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