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	BALAJI

B. Name *(as per Aadhaar)*

	BALAJI

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

3. Date of Birth 07 06 2007

4. Aadhaar Number 218063608223

5. Residence Address

Flat/Door/Building	C/O RAMAPPA
Road/Street/Block/Sector	ARASALABANDE, MAVINAKAYAN
Post Office	PURA
Area/Locality/Town/City	GOWRIBIDANUR
District	CHIKKABALLAPUR

State/Union Territory: KARNATAKA Country/Region: INDIA PIN / ZIP CODE: 561211

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: 9108570689

(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	RAMAPPA

14. **Mother's First Name**	
Mother's Middle Name	
Mother's Last Name	SARASWATHAMMA

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: KAR (ii) AO Type: W
(iii) Range Code: 128 (iv) AO No.: 94

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

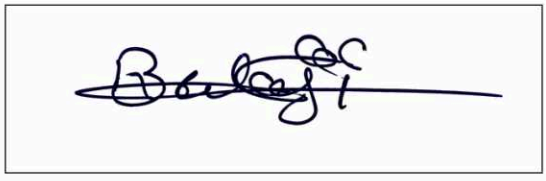
Verification & Declaration

a. I, BALAJI, 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. 09/07/2026



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

Name: BALAJI

Designation: AUTHORIZED PERSON

भारत सरकार

आधार

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 0821/83856/04502

To
ಬಾಲಾಜಿ
Balaji
C/O: Ramappa
00
Arasalabande
Manchenahalli Hobli
Mavinakayanahalli
Arasalbande
Manchennahalli
Chikkaballapur Karnataka - 561211
9108570669

Signatur

Download Date: 16/07/2021

Issue Date: 24/03/2021

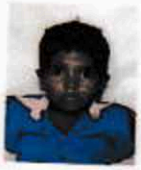
ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

2180 6360 8223

VID : 9116 7097 3225 3294

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ಭಾರತ ಸರ್ಕಾರ
Government of India



ಬಾಲಾಜಿ
Balaji
ಜನ್ಮ ದಿನಾಂಕ/DOB: 07/06/2007
ಪುರುಷ/ MALE

Download Date: 16/07/2021

Issue Date: 24/03/2021

2180 6360 8223

VID : 9116 7097 3225 3294

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

23112289

ಕರ್ನಾಟಕ ಸರ್ಕಾರ
GOVERNMENT OF KARNATAKA

Z1CA10272

011745294

ಕರ್ನಾಟಕ ಶಾಲಾ ಪರೀಕ್ಷೆ ಮತ್ತು ಮೌಲ್ಯನಿರ್ಣಯ ಮಂಡಲಿ, ಬೆಂಗಳೂರು
Karnataka School Examination and Assessment Board, Bengaluru

ಅಂಕಪಟ್ಟಿ ಹಾಗೂ ಪ್ರಮಾಣ ಪತ್ರ / Marks Statement cum Certificate

ಈ ಕೆಳಗೆ ನಮೂದಿಸಿದ ಅಭ್ಯರ್ಥಿಯು ಎಸ್.ಎಸ್.ಎಲ್.ಸಿ. ಪರೀಕ್ಷೆಯಲ್ಲಿ ತೇರ್ಗಡೆಯಾಗಿರುವುದನ್ನು ಪ್ರಮಾಣೀಕರಿಸಿದೆ.
This is to certify that the below mentioned candidate has passed S.S.L.C. Examination.

ನೋಂದಣಿ ಸಂಖ್ಯೆ / Register No. : **20230604980**	ವರ್ಷ / Year : **MARCH/APRIL - 2023**
ಶಿಕ್ಷಣ ಮಾಧ್ಯಮ / Medium of Instruction : **KANNADA**	ಅಭ್ಯರ್ಥಿ ಬಗೆ / Candidate Type : **CCE REGULAR FRESH**

ಅಭ್ಯರ್ಥಿಯ ಹೆಸರು / Candidate's Name : **BALAJI**

ತಂದೆಯ ಹೆಸರು / Father's Name : **RAMAPPA**

ತಾಯಿಯ ಹೆಸರು / Mother's Name : **SARASWATHAMMA**

ಜನ್ಮ ದಿನಾಂಕ / Date of Birth : **07-06-2007 SEVENTH - JUNE - TWO THOUSAND SEVEN** ಲಿಂಗ / Gender : **BOY**

ಭಾಗ – ಎ / PART - A

	ಆಂತರಿಕ ಮೌಲ್ಯಮಾಪನ INTERNAL ASSESSMENT		ಬಾಹ್ಯ ಪರೀಕ್ಷೆ EXTERNAL EXAMINATION			ಒಟ್ಟು ಅಂಕಗಳು TOTAL MARKS			
ಶೈಕ್ಷಣಿಕ ವಿಷಯಗಳು SCHOLASTIC SUBJECTS	ಗರಿಷ್ಠ ಅಂಕಗಳು MAX. MARKS	ಗಳಿಸಿದ ಅಂಕಗಳು MARKS OBTAINED	ಗರಿಷ್ಠ ಅಂಕಗಳು MAX. MARKS	ಕನಿಷ್ಠ ಅಂಕಗಳು MIN. MARKS	ಗಳಿಸಿದ ಅಂಕಗಳು MARKS OBTAINED	ಗರಿಷ್ಠ ಅಂಕಗಳು MAX. MARKS	ಕನಿಷ್ಠ ಅಂಕಗಳು MIN. MARKS	ಒಟ್ಟು ಅಂಕಗಳು TOTAL MARKS	ಶ್ರೇಣಿ GRADE
ಪ್ರಥಮ ಭಾಷೆ / FIRST LANGUAGE **KANNADA**	25	**25**	100	35	**78**	125	44	**103**	**A**
ದ್ವಿತೀಯ ಭಾಷೆ / SECOND LANGUAGE **ENGLISH**	20	**20**	80	28	**64**	100	35	**84**	**A**
ತೃತೀಯ ಭಾಷೆ / THIRD LANGUAGE **HINDI**	20	**20**	80	28	**49**	100	35	**69**	**B**
ಗಣಿತ / MATHEMATICS	20	**20**	80	28	**58**	100	35	**78**	**B+**
ವಿಜ್ಞಾನ / SCIENCE	20	**20**	80	28	**60**	100	35	**80**	**A**
ಸಮಾಜ ವಿಜ್ಞಾನ / SOCIAL SCIENCE	20	**20**	80	28	**46**	100	35	**66**	**B**
ಒಟ್ಟು ಅಂಕಗಳು / TOTAL MARKS	125	**125**	500	175	**355**	625	219	**480**	ಸಿಜಿಎ / CGA : **B+**

ಗಳಿಸಿದ ಒಟ್ಟು ಅಂಕಗಳು (ಅಕ್ಷರಗಳಲ್ಲಿ) / TOTAL MARKS OBTAINED (IN WORDS) : **FOUR HUNDRED EIGHTY ONLY** Percentage / ಶೇಕಡಾವಾರು : **(76.8%)**

ಭಾಗ – ಬಿ / PART - B

ಕ್ರ. ಸಂ. / Sl. No.	ಸಹ ಶೈಕ್ಷಣಿಕ ವಿಷಯಗಳು / CO-SCHOLASTIC SUBJECTS	ಶ್ರೇಣಿ / GRADE	ಕ್ರ. ಸಂ. / Sl. No.	ಸಹ ಶೈಕ್ಷಣಿಕ ವಿಷಯಗಳು / CO-SCHOLASTIC SUBJECTS	ಶ್ರೇಣಿ / GRADE
1.	ದೈಹಿಕ ಮತ್ತು ಆರೋಗ್ಯ ಶಿಕ್ಷಣ / PHYSICAL & HEALTH EDUCATION	A	2.	ಮನೋಭಾವ ಮತ್ತು ಮೌಲ್ಯಗಳು / ATTITUDE & VALUES	A
3.	ಕಾರ್ಯಾನುಭವ / WORK EXPERIENCE	A	4.	ಕಲಾ ಶಿಕ್ಷಣ / ART EDUCATION	A

ಶಾಲಾ ಸಂಕೇತ / SCHOOL CODE : **CA0079**

ಶಾಲಾ ಹೆಸರು ಮತ್ತು ವಿಳಾಸ / SCHOOL NAME AND ADDRESS :

SRI CHETHANA HIGH SCHOOL

KONDENAHALLI GOWRIBIDNUR(T) CHIKKABALLAPURA DISTRICT

ದಿನಾಂಕ / DATE : **08-05-2023**

ಅಧ್ಯಕ್ಷರು
Chairman

23112289