



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

S U J A Y A

Middle Name

Last Name

P O O J A R I

B. Name (as per Aadhaar)

S U J A Y A P O O J A R I

2. Gender (select one)



Male



Female



Transgender

3. Date of Birth

1

9

0

8

2

0

0

5

4. Aadhaar Number

4

2

0

9

3

7

1

1

1

5

6

5. Residence Address

Flat/Door/Building

H . N O . 2 0 / 2

Road/Street/Block/Sector

M A D A M A K K I

Post Office

Area/Locality/Town/City

H E B R I

District

U D U P I

State/Union Territory

KARNATAKA

Country/Region

I N D I A

PIN / ZIP CODE

5 7 6 2 1 2

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

8

2

1

7

5

7

7

5

6

2

(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

S H R I N I V A S A

Father's Middle Name

Father's Last Name

P O O J A R 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	5	3	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

SUJAYA POOJARI

a. I, SELF
....., in the capacity of(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...10/07/2026



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

Name: SUJAYA POOJARI

Designation: **AUTHORIZED PERSON**



DOI: 10.1002/for



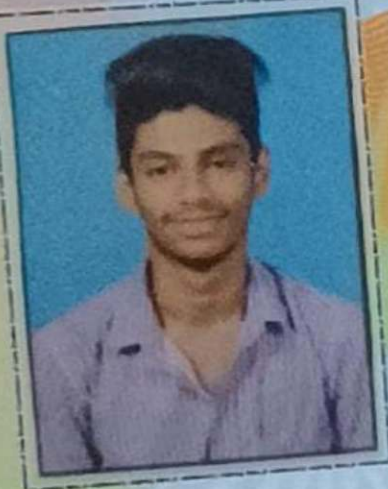
ಭಾರತ ಚುನಾವಣಾ ಆಯೋಗ
ELECTION COMMISSION OF INDIA

ಮತದಾರರ ಫೋಟೋ ಗುರುತಿನ ಚೀಟಿ - Elector Photo Identity Card

ZWW4059796



ZWW4059796



ಹೆಸರು: ಸುಜಯ ಪೂಜಾರ್ಯ

Name: Sujay Poojary

ತಾಯಿಯ ಹೆಸರು: ಸುಜಯ ಪೂಜಾರಿ ಪೂಜಾರಿ

Mother's Name: Sujay Poojaari Poojaari

ಲಿಂಗ / Gender: ಗಂಡು / Male

ಜನ್ಮ ದಿನಾಂಕ / ವಯಸ್ಸು:

Date of Birth / Age: 19-08-2005

