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	DEEPAK
Middle Name	GOWDA
Last Name	DHARMAPPA

B. Name *(as per Aadhaar)*

DEEPAK GOWDA D

2. Gender *(select one)* — [✓] Male [ ] Female [ ] Transgender

3. Date of Birth — 24 01 2008

4. Aadhaar Number — 231571647454

5. Residence Address

Flat/Door/Building	ALADAHALLIKOPPALU
Road/Street/Block/Sector	SALAGAME HOBLI
Post Office	ALADAHALLIKOPPALU
Area/Locality/Town/City	ALADAHALLI
District	HASSAN
State/Union Territory	KARNATAKA
Country/Region	INDIA
PIN / ZIP CODE	573219

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: 7019575203

(ii) Email ID: SMKSEVAKENDRA@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	DHARMAPPA
Father's Middle Name	
Father's Last Name	RANGEGOWDA

14.	**Mother's First Name**	V A S A N T H A K U M A R I
	Mother's Middle Name	M A G G E
	Mother's Last Name	K R I S H N E G O W D A

15. **Name of parent to be printed on Permanent Account Number card** *(select one)* ☑ Father ☐ Tick 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: 3 2 1
(iv) AO No.: 9 2

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 ☐ Tick Representative Assessee Address ☐ Tick 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**
☐ Tick (i) Proof of Identity ☐ Tick (ii) Proof of Address

Verification & Declaration

a. I, DEEPAK GOWDA D, 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. HASSAN

Date. 10/07/2026

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

Name: DEEPAK GOWDA D

Designation: AUTHORIZED PERSON

भारत सरकार
Government of India

आधार

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 0221/00435/00767

To
ದೀಪಕ್ ಗೌಡ ಡಿ
Deepak Gowda D
S/O: Dharmappa R
hassan taluk
salagame hobli
aladahallikoppalu
Aladahalli
Hasan Karnataka - 573219
9480783030

Signature valid

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

2315 7164 7454

VID : 9132 7690 9866 9880

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ಭಾರತ ಸರ್ಕಾರ
Government of India

ದೀಪಕ್ ಗೌಡ ಡಿ
Deepak Gowda D
ಜನ್ಮ ದಿನಾಂಕ/DOB: 24/01/2008
ಪುರುಷ/ MALE

Issue Date: 13/10/2013

2315 7164 7454

VID : 9132 7690 9866 9880

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2025 45285/00014

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रजि. नं.
Regn.No. K124/45285/0015

केन्द्रीय माध्यमिक शिक्षा बोर्ड
CENTRAL BOARD OF SECONDARY EDUCATION

अंक विवरणिका सह प्रमाण पत्र
MARKS STATEMENT CUM CERTIFICATE
माध्यमिक विद्यालय परीक्षा, 2024
SECONDARY SCHOOL EXAMINATION, 2024

यह प्रमाणित किया जाता है कि
This is to certify that **DEEPAK GOWDA D**

अनुक्रमांक
Roll No. **18165040**

माता का नाम
Mother's Name **VASANTHAKUMARI M K**

पिता/संरक्षक का नाम
Father's / Guardian's Name **DHARMAPPA R .**

जन्म तिथि
Date of Birth **24-01-2008 24TH JANUARY TWO THOUSAND EIGHT**

विद्यालय
School **45285-CHRIST SCHOOL VIDYA NAGAR HASSAN KARNATAKA**

की शैक्षणिक उपलब्धियां निम्नानुसार हैं has achieved Scholastic Achievements as under :

विषय कोड SUB. CODE	विषय SUBJECT	प्राप्तांक MARKS OBTAINED				स्थितीय ग्रेड POSITIONAL GRADE
		लिखित THEORY	आं.मू. I A/ प्रा. PR.	योग TOTAL	योग (शब्दों में) TOTAL (IN WORDS)	
184	ENGLISH LNG & LIT.	056	020	076	SEVENTY SIX	B2
015	KANNADA	066	020	086	EIGHTY SIX	B2
041	MATHEMATICS STANDARD	035	020	055	FIFTY FIVE	C1
086	SCIENCE	035	020	055	FIFTY FIVE	C1
087	SOCIAL SCIENCE	055	020	075	SEVENTY FIVE	B2

परिणाम Result **PASS**

दिल्ली Delhi
दिनांक Dated : **13-05-2024**

परीक्षा नियंत्रक
Controller of Examinations

सह-शैक्षणिक उपलब्धियां : सह-शैक्षणिक एवम् अनुशासन क्षेत्र में ग्रेडिंग विद्यालय द्वारा अपने स्तर पर बोर्ड द्वारा जारी प्रारूपनुसार प्रदान की जाती है।
Co-Scholastic achievements : Grading for Co-Scholastic and Discipline area is being issued by the school as per format prescribed by the Board.