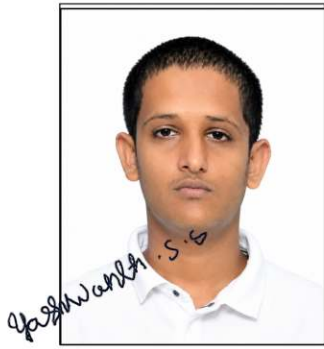




FORM NO. 93

[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

Y A S H W A N T H

Middle Name

S I D D A P U R A

Last Name

S O M A S H E K A R

B. Name (as per Aadhaar)

Y A S H W A N T H

S

S

2. Gender (select one)



Male



Female



Transgender

3. Date of Birth

1

4

1

1

2

0

0

7

4. Aadhaar Number

2

6

8

8

6

2

4

8

6

2

3

9

5. Residence Address

Flat/Door/Building

C / O S O M A S H E K A R

S I D D A P U R A

Road/Street/Block/Sector

D U D D A H O B L I

Post Office

K I T T A N A K E R E

Area/Locality/Town/City

S I D D A P U R A

District

H A S S A N

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5 7 3 1 6 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

7

6

2

7

7

2

6

5

(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)

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 O M A S H E K A R

Father's Middle Name

S I D D A P U R A

Father's Last Name

T H I M M E G O W D A

14. Mother's First Name	V	A	N	I															
Mother's Middle Name	M	A	L	A	L	I													
Mother's Last Name	S	H	I	V	A	N	N	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

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)

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19. Aadhaar Number (if Permanent Account Number is not available)

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20. Representative Assessee Address
Flat/Door/Building

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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

YASHWANTH S S

a. I,, 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...13/07/2026

Yashwanth . S . S

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

Name: YASHWANTH S S

Designation: AUTHORIZED PERSON



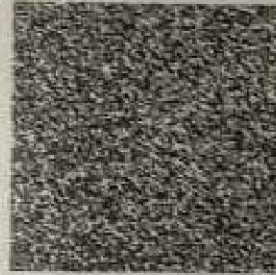
ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 2738/02084/06511

To
ಯಶ್ವಂತ್ ಎಸ್ ಎಸ್
Yashwanth S S
S/O: Somashaker S T
dudda hobli
hassan taluku
Siddapura
Hasan Karnataka - 573162
8762777266

Signature valid



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

2688 6248 6239

VID : 9189 2267 8030 1428

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India



ಯಶ್ವಂತ್ ಎಸ್ ಎಸ್
Yashwanth S S
ಜನ ದಿನಾಂಕ/DOB: 14/11/2007
ಪ್ರಕಾರ/ MALE

Issue Date: 15/10/2013

2688 6248 6239

VID : 9189 2267 8030 1428

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ALL03895

ಕರ್ನಾಟಕ ಶಾಲಾ ಪರೀಕ್ಷೆ ಮತ್ತು ಮೌಲ್ಯಮಾಪನ ಮಂಡಳಿ, ಬೆಂಗಳೂರು
Karnataka School Examination and Assessment Board, Bengaluru
ಇದು ಶಾಲಾ ಪರೀಕ್ಷೆ ಮತ್ತು ಮೌಲ್ಯಮಾಪನ ಮಂಡಳಿ / Marka Statement cum Certificate
ಈ ಶಾಲಾ ಪರೀಕ್ಷೆ ಮತ್ತು ಮೌಲ್ಯಮಾಪನ ಮಂಡಳಿ / Marka Statement cum Certificate
This is a Marka Statement cum Certificate

School Examination and Assessment Board, Bengaluru
www.kseabs.org / Marks Statement cum Certificate

This is to certify that the below mentioned candidate has passed S.S.I.C. Examination

This is to certify that the below
 ಕೊರಗು ಕಡ್ಡೆ / Register No. : 20250419033
 ಹೆಚ್ಚು ಮಾಧ್ಯಮ / Medium of :

2025 / Year : 2025

ಅಭ್ಯರ್ಥಿ ವಿಧ / Candidate Type : CCE REGULAR FRESH

ಕನ್ನಡಿಗರು ಹೆಸರು / Candidate's Name : YASHWANTH S S
 ಕರ್ನಾಟಕ ಹೆಸರು / Father's Name :

ಅಭ್ಯರ್ಥಿಯ ಹೆಸರು / Father's Name : YASHWANTH
ಅಭ್ಯರ್ಥಿಯ ತಾಯಿಯ ಹೆಸರು / Mother's Name : SOMASHEKAR S T

Father's Name : SOMASHI
 Mother's Name : VANI M S

Mother's Name : VANIM S
 Date of Birth : 14-11-2007 FOURTEENTH - NOVEMBER - TWO THOUSAND SEVEN

Sex: **BOY**
Gender:

ප්‍රශ්න - 2 / PART - A

ಭಾಗ - ಎ / PART - A								
ಶೈಕ್ಷಣಿಕ ವಿಷಯಗಳು SCHOLASTIC SUBJECTS	ಆಂತರಿಕ ಮೌಲ್ಯಮಾಪನ INTERNAL ASSESSMENT		ಬಾಹ್ಯ ಪರೀಕ್ಷೆ EXTERNAL EXAMINATION		ಒಟ್ಟು ಅಂಕಗಳು TOTAL MARKS			ಪೇಗ್ರೇಡ್ GRADE
	ಗರಿಷ್ಠ ಅಂಕಗಳು MAX. MARKS	ಗಳಿಸಿದ ಅಂಕಗಳು MARKS OBTAINED	ಗರಿಷ್ಠ ಅಂಕಗಳು MAX. MARKS	ಗಳಿಸಿದ ಅಂಕಗಳು MARKS OBTAINED	ಗರಿಷ್ಠ ಅಂಕಗಳು MAX. MARKS	ಕನಿಷ್ಠ ಅಂಕಗಳು MIN. MARKS	ಒಟ್ಟು ಅಂಕಗಳು TOTAL MARKS	
ಪ್ರಥಮ ಭಾಷೆ / FIRST LANGUAGE KANNADA	25	25	100	39	125	44	64	C+
ದ್ವಿತೀಯ ಭಾಷೆ / SECOND LANGUAGE ENGLISH	20	20	80	41	100	35	61	B
ತೃತೀಯ ಭಾಷೆ / THIRD LANGUAGE HINDI	20	20	80	39	100	35	59	C+
ಗಣಿತ / MATHEMATICS	20	20	80	28	100	35	48	C
ವಿಜ್ಞಾನ / SCIENCE	20	20	80	31	100	35	51	C+
ಸಮಾಜ ವಿಜ್ಞಾನ / SOCIAL SCIENCE	20	20	80	28	100	35	48	C
ಒಟ್ಟು ಅಂಕಗಳು / TOTAL MARKS	125	125	500	206	625	219	331	ಒಟ್ಟು / CGA: C+

TOTAL MARKS OBTAINED (IN WORDS): THREE HUNDRED THIRTY-ONE ONLY

Percentage /
Electron Transfer: (52.96%)

ಭಾಗ - ೩ / PART - B

ಕ್ರ. ಸಂ. / Sl. No.	ಸಹ ಶೈಕ್ಷಣಿಕ ವಿಷಯಗಳು / CO-SCHOLASTIC SUBJECTS	ಶ್ರೇಣಿ / GRADE
1.	ದೈವಿಕ ಮತ್ತು ಆರೋಗ್ಯ ಶಿಕ್ಷಣ / PHYSICAL & HEALTH EDUCATION	A
3.	ಕಾರ್ಯಾನುಭವ / WORK EXPERIENCE	A

[illegible]

ಶಾಲಾ ಸಂಕೇತ / SCHOOL CODE : LL0073

ಶಾಲಾ ಹೆಸರು ಮತ್ತು ವಿಳಾಸ / SCHOOL NAME AND ADDRESS :

SRI CHANNAKESHA SWAMY HIGH SCHOOL

K R PURAM HASSAN, HASSAN DISTRICT- 573201

245

1995

Chairperson