



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

T H A N U S H R E E

B. Name (as per Aadhaar)

T H A N U S H R E E

2. Gender (select one)

Tick

Male

Tick

Female

Tick

Transgender

3. Date of Birth

1

8

1

2

2

0

0

6

4. Aadhaar Number

7

3

0

5

6

0

7

0

8

2

2

9

5. Residence Address

Flat/Door/Building

C

/

O

D

E

V

A

R

A

J

U

Road/Street/Block/Sector

K

A

T

T

A

V

A

H

O

B

L

I

,

J

I

N

N

A

H

A

Post Office

B

Y

A

D

A

R

A

H

A

L

L

I

Area/Locality/Town/City

H

A

S

S

A

N

District

H

A

S

S

A

N

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

7

3

1

2

8

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

9

6

8

6

7

3

5

7

9

6

(ii) Email ID

tt3299636@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

D E V A R A J U

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

a. I, THANUSHREE, 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...14/07/2026

Thamshoree

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

Name: **THANUSHREE**

Designation: **AUTHORIZED PERSON**



ಭಾರತ ಸರ್ಕಾರ
Government of India

Aadhaar no. issued: 11/10/2013



ತನುಶ್ರೀ

Thanushree

ಜನ್ಮ ದಿನಾಂಕ/DOB: 18/12/2006

ಸ್ತ್ರೀ/ FEMALE

ಆಧಾರ್ ಗುರುತಿಸಿದ ಪುರಾವೆಯಾಗಿದೆ, ಜೊತೆಗೆ ಅಥವಾ ಜನ್ಮ ದಿನಾಂಕದ ಪುರಾವೆ ಅಲ್ಲ. ಇದನ್ನು ಆನ್‌ಲೈನ್ ದೃಢೀಕರಣ ಅಥವಾ ರೂ ಕೋಡ್ / ಆಫ್‌ಲೈನ್ XML ಸ್ಕ್ಯಾನ್‌ನೊಂದಿಗೆ ಮಾತ್ರ ಬಳಸಬೇಕು.

Aadhaar is proof of identity, not of citizenship or date of birth. It should be used only with verification (online authentication or scanning of QR code / offline XML)

7305 6070 8229

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

Unique Identification Authority of India

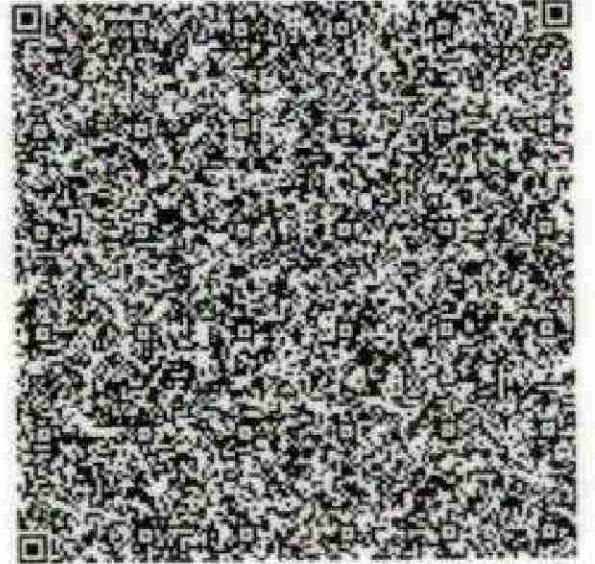


ವಿಳಾಸ:

D/O: ದೇವರಾಜು, ಕಟ್ಟಾಯ ಹೋಬಳಿ, ಜಿನ್ನೇನಹಳ್ಳಿ,
ಬ್ಯಾಡರಹಳ್ಳಿ, ಹಾಸನ,
ಕರ್ನಾಟಕ - 573128

Address:

D/O: Devaraju, Kattaya Hobli, Jinnenahalli, PO:
Byadarahalli, DIST: Hasan,
Karnataka - 573128



7305 6070 8229

VID : 9102 6340 1425 9925

☎ 1947



help@uidai.gov.in



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Details as on: 20/02/2025



दिनांक/ DATE : 19-05-2022