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	SANTHOSH
Middle Name	PURA
Last Name	RAVINAYAKA

B. Name *(as per Aadhaar)*

SANTHOSH P R

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

3. Date of Birth 01 11 2006

4. Aadhaar Number 342987362663

5. Residence Address

Flat/Door/Building	GIRISHA P R
Road/Street/Block/Sector	GRAMA ONE PURA
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	7411513700
(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 RAVINAYAKA

14.	**Mother's First Name**	
	Mother's Middle Name	
	Mother's Last Name	K O M A L 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: 1 2 8
(iv) AO No.: 9 4

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, SANTHOSH P R, 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. 14/07/2026

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

Name: SANTHOSH P R

Designation: AUTHORIZED PERSON

भारत सरकार

आधार

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ Enrolment No.: 0821/83856/04617

To
ಸಂತೋಷ ಪಿ ಆರ್
Santhosh P R
S/O: Ravi,
VTC: Pura,
PO: Pura,
Sub District: Gauribidnur,
District: Chikkaballapur,
State: Karnataka,
PIN Code: 561211,
Mobile: 7411513700

Signature valid

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

3429 8736 2663

VID : 9155 6966 9007 6598

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ಭಾರತ ಸರ್ಕಾರ
Government of India

Aadhaar no. issued: 05/07/2018

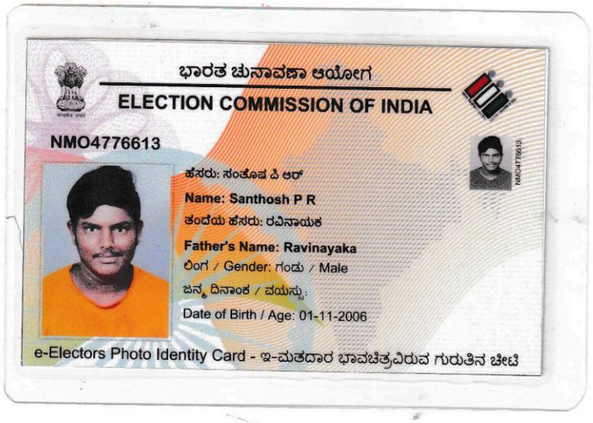
ಸಂತೋಷ ಪಿ ಆರ್
Santhosh P R
ಜನ್ಮ ದಿನಾಂಕ/DOB: 01/11/2006
ಪುರುಷ/ MALE

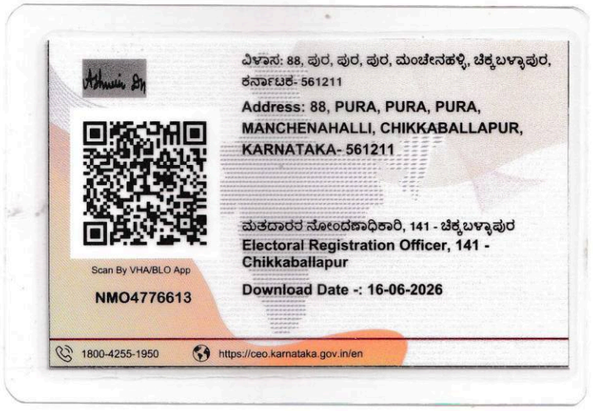
ಆಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯಾಗಿದೆ, ಜನ್ಮದ ಅಥವಾ ಇನ್ನ ದಿನಾಂಕದ ಪುರಾವೆ ಅಲ್ಲ. ಇದನ್ನು ಆನ್‌ಲೈನ್ ದೃಢೀಕರಣ ಅಥವಾ QR ಕೋಡ್ / ಆಫ್‌ಲೈನ್ XML ಸ್ಕ್ಯಾನಿಂಗ್‌ಅಂತಿಗೆ ಮಾತ್ರ ಬಳಸಬೇಕು.

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.)

3429 8736 2663

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು


ಭಾರತ ಚುನಾವಣಾ ಆಯೋಗ
ELECTION COMMISSION OF INDIA
NMO4776613
ಹೆಸರು: ಸಂತೋಷ ಪಿ ಆರ್
Name: Santhosh P R
ತಂದೆಯ ಹೆಸರು: ರವಿನಾಯಕ
Father's Name: Ravinayaka
ಲಿಂಗ / Gender: ಗಂಡು / Male
ಜನ್ಮ ದಿನಾಂಕ / ವಯಸ್ಸು:
Date of Birth / Age: 01-11-2006
e-Electors Photo Identity Card - ಇ-ಮತದಾರ ಭಾವಚಿತ್ರವಿರುವ ಗುರುತಿನ ಚೀಟಿ


ವಿಳಾಸ: 88, ಪುರ, ಪುರ, ಪುರ, ಮಂಚೇನಹಳ್ಳಿ, ಚಿಕ್ಕಬಳ್ಳಾಪುರ, ಕರ್ನಾಟಕ- 561211
Address: 88, PURA, PURA, PURA, MANCHENAHALLI, CHIKKABALLAPUR, KARNATAKA- 561211
ಮತದಾರರ ನೋಂದಣಾಧಿಕಾರಿ, 141 - ಚಿಕ್ಕಬಳ್ಳಾಪುರ
Electoral Registration Officer, 141 - Chikkaballapur
Scan By VHA/BLO App
NMO4776613
Download Date -: 16-06-2026
1800-4255-1950
https://ceo.karnataka.gov.in/en