



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

S

A

K

S

H

I

B. Name (as per Aadhaar)

S

A

K

S

H

I

2. Gender (select one)

☐

Male

☒

Female

☐

Transgender

3. Date of Birth

0

8

0

3

2

0

0

8

4. Aadhaar Number

9

1

7

7

7

1

2

5

0

2

3

9

5. Residence Address

Flat/Door/Building

C

/

O

C

E

C

H

A

N

D

R

A

S

H

E

K

H

A

R

A

Road/Street/Block/Sector

C

H

I

K

K

O

N

D

I

H

A

L

L

I

Post Office

S

A

T

H

A

N

G

E

R

E

Area/Locality/Town/City

K

A

N

A

K

A

T

T

E

H

O

B

A

L

I

,

S

A

T

H

District

H

A

S

S

A

N

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

7

3

1

4

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

9

4

4

8

0

4

8

8

4

(ii) Email ID

snsdmk0413@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

C

H

I

K

K

O

N

D

I

H

A

L

L

I

Father's Middle Name

E

S

H

W

A

R

A

I

A

H

Father's Last Name

C

H

A

N

D

R

A

S

H

E

K

H

A

R

A

M

U

R

T

H

14. Mother's First Name	
Mother's Middle Name	
Mother's Last Name	S U M 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)

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 ☐ 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

SAKSHI

SELF

a. I,, 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. HASSAN

Date. 24/07/2026

Sakshi

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

Name: SAKSHI

Designation: AUTHORIZED PERSON



ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No. : 0648/16398/03226

To
Sakshi

ಸಾಕ್ಷಿ
C/O: C E Chandrashekhara Murthy,
Chikkondihalli,
Kanakatte Hobali Arasikere talluk,
VTC: Sathanagere, PO: Sathangere,
Sub District: Arasikere, District: Hassan,
State: Karnataka, PIN Code: 573144,
Mobile: 9448048844

09771636



KC097716365FL



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

9177 7125 0239

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India



Issue Date: 01/07/2015



ಸಾಕ್ಷಿ
Sakshi
ಜನ್ಮ ದಿನಾಂಕ / DOB: 08/03/2008
ಸ್ತ್ರೀ / Female

9177 7125 0239

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



24340383