

**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

L A M B A N I

Middle Name

A R U N

Last Name

K U M A R

B. Name (as per Aadhaar)

L A R U N K U M A R

2. Gender (select one)

Male



Female



Transgender

3. Date of Birth

1 3

1 2

2 0 1 3

4. Aadhaar Number

8 4 2 7 7 6 8 6 8 1 8 5

5. Residence Address

Flat/Door/Building

C / O L V E N K A T E S H A N A I K

Road/Street/Block/Sector

S E V A L A L S T R E E T , K T A N D A

Post Office

K E N C H A N A G U D D A

Area/Locality/Town/City

K E N C H A N A G U D D A

District

B A L L A R I

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5 8 3 1 2 1

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 9 4 5 5 9 4 4 3 5

(ii) Email ID

manuforever.honey143@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

L A M B A N I

Father's Middle Name

V E N K A T E S H A

Father's Last Name

N A I K

14. Mother's First Name	
Mother's Middle Name	
Mother's Last Name	S H A N T H A M 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	4 2 1	(iv) AO No.	9 1

PART E- Representative Assessee, if applicable

17. RA's First Name L A M B A N I

RA's Middle Name V E N K A T E S H A

RA's Last Name N A I K

18. Permanent Account Number (if any)

19. Aadhaar Number (if Permanent Account Number is not available) 5 4 6 6 6 4 4 1 4 7 9 1

20. Representative Assessee Address

Flat/Door/Building C / O L V E N K A T E S H A N A I K

Road/Street/Block/Sector S E V A L A L S T R E E T , K T A N D A

Post Office K E N C H A N A G U D D A

Area/Locality/Town/City K E N C H A N A G U D D A

District B A L L A R I

State/Union Territory KARNATAKA Country/Region INDIA PIN / ZIP CODE 5 8 3 1 2 1

21. Contact Details

(i) Mobile Number Country Code 9 1 Mobile Number 9 9 4 5 5 9 4 4 3 5

(ii) Email ID manforever.honey143@gmail.com

(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

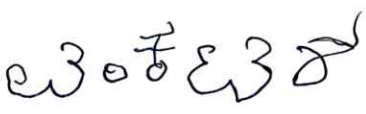
L ARUN KUMAR

a. I, L ARUN KUMAR, in the capacity of REPRESENTATIVE ASSESSEE (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. BALLARI

Date. 24/07/2026



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

Name: L ARUN KUMAR

Designation: REPRESENTATIVE ASSESSEE



ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ / Enrollment No.: 0821/90939/01553

To

ಎಲ್ ಅರುಣ ಕುಮಾರ್

L Arun Kumar

S/O: L Venkatesha Naik,

#1/221,

Sevalal street, k Tanda,

VTC: Kenchanagudda,

PO: Kenchanagudda,

Sub District: Siruguppa, District: Bellary,

State: Karnataka,

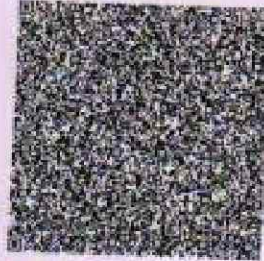
PIN Code: 583121,

Mobile: 9945594435

54015657



MK540156574FE



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

8427 7686 8185

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India



Aadhaar no. issued: 25/07/2015



ಎಲ್ ಅರುಣ ಕುಮಾರ್

L Arun Kumar

ಜನ್ಮ ದಿನಾಂಕ / DOB : 13/12/2013

ಪುರುಷ / Male

ಆಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯಾಗಿದೆ, ನಾಗರಿಕತ್ವದ ಅಥವಾ ಜನ್ಮ ದಿನಾಂಕದ ಪುರಾವೆ ಅಲ್ಲ. ಇದನ್ನು ಆಧಾರ್‌ನಲ್ಲಿ ವೈದಿಕರಣ ಅಥವಾ ಒಳ ಕೋಡ್ / ಆನ್‌ಲೈನ್ ಅಥವಾ ಸ್ಕ್ಯಾನಿಂಗ್ ಮೂಲಕ 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)

8427 7686 8185

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



आयुष्मान् भारत स्वास्थ्य खाता (आभा)



L.kumar6029@abdn



Mobile/ವೆಬ್‌ಸೈಟ್
9945594435



आयुष्मान् भारत स्वास्थ्य खाता (आभा)



Toll-Free Number: 1 800 114 477

- With this ABHA you have become a part of India's digital health ecosystem.
इस ABHA के साथ आप भारत के डिजिटल हेल्थ इकोसिस्टम का हिस्सा बन गए हैं।
- ABHA provides you a unique identification and helps in storing - safekeeping all your digital health records at one place.
ABHA आपको एक विशिष्ट पहचान प्रदान करता है और आपके सभी डिजिटल स्वास्थ्य रिकॉर्ड को सुरक्षित एक ही स्थान पर संग्रहीत रखने में मदद करता है।
- You can download the ABHA mobile app, Aarogya Setu or other ABDM enabled app to view and share your digital health records with ABDM registered healthcare service providers.
आप एबीडीएम मॉबील स्वास्थ्य सेवा प्रदाताओं के साथ अपने डिजिटल स्वास्थ्य रिकॉर्ड देखने और साझा करने के लिए ABHA मोबाइल ऐप, आरोग्य सेतु या अन्य एबीडीएम सक्षम ऐप डाउनलोड कर सकते हैं।
- If this card is lost kindly download it from www.abha.abdm.gov.in, it is digitally acceptable.
यदि यह कार्ड खो जाता है तो कृपया इसे www.abha.abdm.gov.in से डाउनलोड करें, यह डिजिटल रूप से स्वीकार्य है।



ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

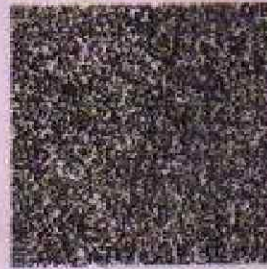
ನೋಂದಣಿ ಸಂಖ್ಯೆ Enrolment No.: 1190/08690/17669

Download Date: 26/01/2021

To
ವೆಂಕಟೇಶ ನಾಯ್ಕ
Venkatesha Naik
S/O Ramachandra Naik
#55
00
K Tanda
Sevalal street
Kenchanaugudda
Kenchanaugudda
Bellary Karnataka - 583121
9945584435

Issue Date: 15/07/2015

Signature valid



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

5466 6441 4791

VID : 9123 3090 8197 5817

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India

Download Date: 26/01/2021



ವೆಂಕಟೇಶ ನಾಯ್ಕ
Venkatesha Naik
ಜನ್ಮ ದಿನಾಂಕ/DOB: 01/01/1981
ಪ್ರಕಾರ/ MALE

Issue Date: 15/07/2015

5466 6441 4791

VID : 9123 3090 8197 5817

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು