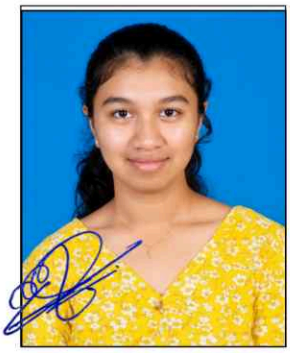

FORM NO. 93

[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	MANASWI
Middle Name	REKHA
Last Name	BABU

B. Name *(as per Aadhaar)*

MANASWI R B

2. Gender *(select one)* — Tick Male | Tick ✓ Female | Tick Transgender

3. Date of Birth 06 07 2008

4. Aadhaar Number 641725509918

5. Residence Address

Flat/Door/Building	571
Road/Street/Block/Sector	MCF ROAD
Post Office	KADAGA
Area/Locality/Town/City	KANCHAMARANAHALLI, HASAN
District	HASSAN
State/Union Territory	KARNATAKA
Country/Region	INDIA
PIN / ZIP CODE	573219

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	91	Mobile Number 9611395565
(ii) Email ID	MANASWIRB678@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	BABU
Father's Middle Name	
Father's Last Name	MANTELINGAIAH

14.	**Mother's First Name**	R E K H A R A N I
	Mother's Middle Name	G A L I P U R A
	Mother's Last Name	D O D D A I A H

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: 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 ☐ 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, MANASWI R B, 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.. 24/07/2026

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

Name: MANASWI R B

Designation: AUTHORIZED PERSON

सत्यमेव जयते
भारत सरकार

आधार

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 0804/16336/10167

To
ಮನಸ್ವಿ ಆರ್ ಬಿ
Manaswi R B
#571,
MCF Road,
Hasanamba Nagara,
VTC: Kanchamaranahalli,
PO: Kadaga,
Sub District: Alur,
District: Hassan,
State: Karnataka,
PIN Code: 573219,
Mobile: 9611395565

Signature valid
Digitally signed by GOVT OF India Unique Identification Authority of India
05
Date: 2026.[illegible]20 16:04:09 IST

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :
6417 2550 9918
VID : 9184 5575 2173 3541

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಮನಸ್ವಿ ಆರ್ ಬಿ
Manaswi R B
ಜನ್ಮ ದಿನಾಂಕ/DOB: 06/07/2008
ಸ್ತ್ರೀ/ FEMALE

Aadhaar no. issued: 25/12/2012

ಆಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯಾಗಿದೆ, ಪೌರತ್ವ ಅಥವಾ ಜನ್ಮ ದಿನಾಂಕದ ಪುರಾವೆ ಅಲ್ಲ. ಇದನ್ನು ಆನ್‌ಲೈನ್ ದೃಢೀಕರಣ ಅಥವಾ QR ಕೋಡ್ / ಆಫ್‌ಲೈನ್ XML ಸ್ಕ್ಯಾನಿಂಗ್‌ನೊಂದಿಗೆ 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)

6417 2550 9918

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

COUNCIL FOR THE INDIAN SCHOOL CERTIFICATE EXAMINATIONS, NEW DELHI

INDIAN CERTIFICATE OF SECONDARY EDUCATION (CLASS - X) - YEAR 2024

No. TW 30046418

1244636/008

STATEMENT OF MARKS

Name **MANASWI R B**

of **PODAR INTERNATIONAL SCHOOL, KASABA HUBLI, HASSAN**

Unique ID **8112017**

Daughter of

Smt **REKHARANI G D**

Shri **BABU M**

SUBJECTS	TOTAL MARKS Max. Marks:100	PERCENTAGE MARKS
ENGLISH		85 EIGHT FIVE
ENGLISH LANGUAGE	089	
LITERATURE IN ENGLISH	080	
KANNADA	095	95 NINE FIVE
HISTORY, CIVICS & GEOGRAPHY		91 NINE ONE
HISTORY & CIVICS	097	
GEOGRAPHY	084	
MATHEMATICS	081	81 EIGHT ONE
SCIENCE		82 EIGHT TWO
PHYSICS	078	
CHEMISTRY	075	
BIOLOGY	092	
COMMERCIAL APPLICATIONS	089	89 EIGHT NINE
Internal Assessment		GRADE
SUPW AND COMMUNITY SERVICE		A

Date of birth as certified by the Head of the School at the time of registration *(in words)* Sixth July Two Thousand Eight *(in figures)* 06.07.2008

RESULT - **PASS CERTIFICATE AWARDED**

Date of declaration of Result - **06.05.2024**

Note: 1. The pass mark for each subject is 33%
2. No divisions are awarded.

Chief Executive & Secretary
Council for the Indian School Certificate Examinations

Chairman
Council for the Indian School Certificate Examinations

(See Overleaf)

COUNCIL FOR THE INDIAN SCHOOL CERTIFICATE EXAMINATIONS, NEW DELHI

No. TW 70046334

1244636/008

049044

PASS CERTIFICATE

No divisions are awarded

This is to certify that **MANASWI R B**

of **PODAR INTERNATIONAL SCHOOL, KASABA HUBLI, HASSAN**

Unique ID **8112017**

Daughter of

Smt REKHARANI G D

Shri BABU M

was awarded an

INDIAN CERTIFICATE OF SECONDARY EDUCATION (CLASS-X)

The candidate attained at least grade **7** in **SIX** subjects of the External Examination and at least grade **D** in the subject of Internal Assessment as given below :

SUBJECTS	GRADE
External Examination	
ENGLISH	2 TWO
KANNADA	1 ONE
HISTORY, CIVICS & GEOGRAPHY	1 ONE
MATHEMATICS	2 TWO
SCIENCE	2 TWO
COMMERCIAL APPLICATIONS	2 TWO
Internal Assessment	
SUPW AND COMMUNITY SERVICE	A

Date of birth as certified by the Head of the School at the time of registration *(in words)* **Sixth July Two Thousand Eight** *(in figures)* **06.07.2008**

EXAMINATION YEAR 2024

Date of declaration of Result - **06.05.2024**

Chief Executive & Secretary
Council for the Indian School
Certificate Examinations

Chairman
Council for the Indian School
Certificate Examinations

(See Overleaf)