# 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 | ROOPA |
| Middle Name | NAYAKARAHALLI |
| Last Name | JAVAREGOWDA |

**B. Name** *(as per Aadhaar)*

| |
|---|
| ROOPA N J |

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

**3. Date of Birth** — 01 / 01 / 1983

**4. Aadhaar Number** — 976137539496

**5. Residence Address**

| | |
|---|---|
| Flat/Door/Building | C/O JAVAREGOWDA |
| Road/Street/Block/Sector | ARAKALAGUDU TALUK |
| Post Office | BASAVANAHALLI |
| Area/Locality/Town/City | GANJALGUD |
| District | HASSAN |
| State/Union Territory | KARNATAKA |
| Country/Region | INDIA |
| PIN / ZIP CODE | 573102 |

**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 | 7026894960 |
| (ii) Email ID | | sumanthbr117@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** | JAVARE |
| Father's Middle Name | |
| Father's Last Name | GOWDA |

| | | |
|---|---|---|
| 14. | **Mother's First Name** | |
| | Mother's Middle Name | |
| | Mother's Last Name | PUTTAMMA |

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: KAR
(ii) AO Type: W
(iii) Range Code: 321
(iv) AO No.: 92

## 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

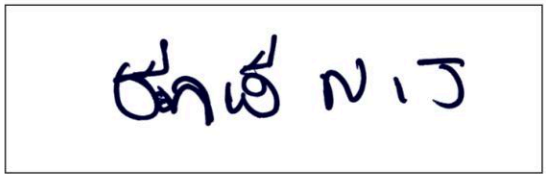
### *Verification & Declaration*

a. I, ROOPA N J, 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.. 27/07/2026



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

Name: ROOPA N J

Designation: AUTHORIZED PERSON

भारत सरकार

आधार

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 2738/02068/01844

Download Date: 27/06/2020

To
ರೂಪ ಎನ್ ಜೆ
Roopa N J
W/O: Rajegowda
Arakalagudu taluk
Basavanahalli
Ganjalgud
Hasan Karnataka - 573102
9741736870

Issue Date: 17/01/2020

Signature valid

Digitally signed by UNIQUE IDENTIFICATION AUTHORITY OF INDIA
Date: 2020.01.17 10:53:05 IST

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

9761 3753 9496

VID : 9192 6801 9317 3740

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

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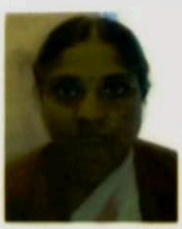
ಭಾರತ ಸರ್ಕಾರ
Government of India

Download Date: 27/06/2020



ರೂಪ ಎನ್ ಜೆ
Roopa N J
ಜನ್ಮ ದಿನಾಂಕ/DOB: 01/01/1983
ಸ್ತ್ರೀ/FEMALE

Issue Date: 17/01/2020

9761 3753 9496

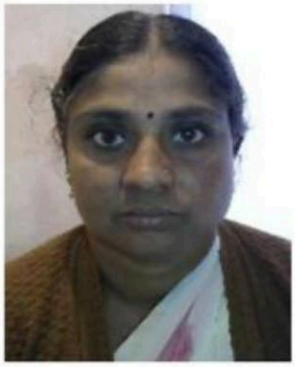
VID : 9192 6801 9317 3740

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

national health authority

Ayushman Bharat Health Account (ABHA)

आयुष्मान भारत स्वास्थ्य खाता (आभा)



Name/ಹೆಸರು

**Roopa N J**

**ರೂಪ ಎನ್ ಜೆ**

ABHA number/ಅಭಾ ಸಂಖ್ಯೆ

**91-4506-1681-2407**

ABHA address/ಅಭಾ ವಿಳಾಸ

**91450616812407@abdm**

Gender/ಲಿಂಗ

**Female/ಹೆಣ್ಣು**

Date of birth/ಹುಟ್ಟಿದ ದಿನಾಂಕ

**01-01-1983**

Mobile/ಮೊಬೈಲ್

**7026894960**