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	BHAVYA
Middle Name	MALLAPURA
Last Name	DHARMA

B. Name *(as per Aadhaar)*

BHAVYA M D

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

3. Date of Birth — 16 07 2008

4. Aadhaar Number — 509425229701

5. Residence Address

Flat/Door/Building	C/O DHARMA
Road/Street/Block/Sector	MALLAPURA, SAVASIHALLI
Post Office	SAVASIHALLI
Area/Locality/Town/City	SAVASIHALLI
District	HASSAN

State/Union Territory: KARNATAKA — Country/Region: INDIA — PIN / ZIP CODE: 573216

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 | 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	7676128894
(ii) Email ID	sumadharmasumadharma@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 | ✓ Income from Other Sources | Tick No Income

PART C - Details of Parents

12. Whether mother/father is a single parent? *(select one)* — Tick Yes | ✓ No

13. Father's First Name

Father's Middle Name

Father's Last Name: DHARMA

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 ☐ 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, BHAVYA M D, 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: BHAVYA M D

Designation: AUTHORIZED PERSON

भारत सरकार

आधार

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 0648/16390/06857

To
ಭವ್ಯ ಎಮ್ ಡಿ
Bhavya M D
D/O: Dharma
MALLAPURA
Savasihalli
Hassan Karnataka - 573216
7676128894

Signature valid

Digitally signed by UNIQUE IDENTIFICATION AUTHORITY OF INDIA 05
Date: 2023.10.10 08:25:37 UTC

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

5094 2522 9701

VID : 9178 7511 8433 8467

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭವ್ಯ ಎಮ್ ಡಿ
Bhavya M D
ಜನ್ಮ ದಿನಾಂಕ/DOB: 16/07/2008
ಸ್ತ್ರೀ/FEMALE

Issue Date: 26/08/2013

5094 2522 9701

VID : 9178 7511 8433 8467

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

24350235

Z2LL18260

ಕರ್ನಾಟಕ ಸರ್ಕಾರ

GOVERNMENT OF KARNATAKA

ಕರ್ನಾಟಕ ಶಾಲಾ ಪರೀಕ್ಷೆ ಮತ್ತು ಮೌಲ್ಯನಿರ್ಣಯ ಮಂಡಲಿ, ಬೆಂಗಳೂರು

Karnataka School Examination and Assessment Board, Bengaluru

ಅಂಕಪಟ್ಟಿ ಹಾಗೂ ಪ್ರಮಾಣ ಪತ್ರ / Marks Statement cum Certificate

ಈ ಕೆಳಗೆ ನಮೂದಿತ ಅಭ್ಯರ್ಥಿಯು ಎಸ್.ಎಸ್.ಎಲ್.ಸಿ. ಪರೀಕ್ಷೆಯಲ್ಲಿ ತೇರ್ಗಡೆಯಾಗಿರುವುದನ್ನು ಪ್ರಮಾಣೀಕರಿಸಿದೆ.

This is to certify that the below mentioned candidate has passed S.S.L.C. Examination.

004525959

ನೋಂದಣಿ ಸಂಖ್ಯೆ / Register No. : 20240744737	ವರ್ಷ / Year : 2024
ಶಿಕ್ಷಣ ಮಾಧ್ಯಮ / Medium of Instruction : ENGLISH	ಅಭ್ಯರ್ಥಿ ಬಗೆ / Candidate Type : CCE REGULAR FRESH

ಅಭ್ಯರ್ಥಿಯ ಹೆಸರು / Candidate's Name : BHAVYA M D

ತಂದೆಯ ಹೆಸರು / Father's Name : DHARMA

ತಾಯಿಯ ಹೆಸರು / Mother's Name : SUMA

ಜನ್ಮ ದಿನಾಂಕ / Date of Birth : 16-07-2008 SIXTEENTH - JULY - TWO THOUSAND EIGHT	ಲಿಂಗ / Gender : GIRL

ಭಾಗ – ಎ / PART - A

ಶೈಕ್ಷಣಿಕ ವಿಷಯಗಳು SCHOLASTIC SUBJECTS	ಆಂತರಿಕ ಮೌಲ್ಯಮಾಪನ INTERNAL ASSESSMENT		ಬಾಹ್ಯ ಪರೀಕ್ಷೆ EXTERNAL EXAMINATION		ಒಟ್ಟು ಅಂಕಗಳು TOTAL MARKS			
	ಗರಿಷ್ಠ ಅಂಕಗಳು MAX. MARKS	ಗಳಿಸಿದ ಅಂಕಗಳು MARKS OBTAINED	ಗರಿಷ್ಠ ಅಂಕಗಳು MAX. MARKS	ಗಳಿಸಿದ ಅಂಕಗಳು MARKS OBTAINED	ಗರಿಷ್ಠ ಅಂಕಗಳು MAX. MARKS	ಕನಿಷ್ಠ ಅಂಕಗಳು MIN. MARKS	ಒಟ್ಟು ಅಂಕಗಳು TOTAL MARKS	ಶ್ರೇಣಿ GRADE
ಪ್ರಥಮ ಭಾಷೆ / FIRST LANGUAGE KANNADA	25	25	100	86	125	44	111	A
ದ್ವಿತೀಯ ಭಾಷೆ / SECOND LANGUAGE ENGLISH	20	20	80	75	100	35	95	A+
ತೃತೀಯ ಭಾಷೆ / THIRD LANGUAGE HINDI	20	20	80	35	100	35	55	C+
ಗಣಿತ / MATHEMATICS	20	20	80	40	100	35	60	B
ವಿಜ್ಞಾನ / SCIENCE	20	20	80	39	100	35	59	C+
ಸಮಾಜ ವಿಜ್ಞಾನ / SOCIAL SCIENCE	20	20	80	50	100	35	70	B+
ಒಟ್ಟು ಅಂಕಗಳು / TOTAL MARKS	125	125	500	325	625	219	450	ಸಿಜಿಎ / CGA : B+

ಗಳಿಸಿದ ಒಟ್ಟು ಅಂಕಗಳು (ಅಕ್ಷರಗಳಲ್ಲಿ) / TOTAL MARKS OBTAINED (IN WORDS) : FOUR HUNDRED FIFTY ONLY

Percentage / ಶೇಕಡಾವಾರು : (72%)

COPY

ಭಾಗ – ಬಿ / PART - B

ಕ್ರ. ಸಂ. / Sl. No.	ಸಹ ಶೈಕ್ಷಣಿಕ ವಿಷಯಗಳು / CO-SCHOLASTIC SUBJECTS	ಶ್ರೇಣಿ / GRADE	ಕ್ರ. ಸಂ. / Sl. No.	ಸಹ ಶೈಕ್ಷಣಿಕ ವಿಷಯಗಳು / CO-SCHOLASTIC SUBJECTS	ಶ್ರೇಣಿ / GRADE
1.	ದೈಹಿಕ ಮತ್ತು ಆರೋಗ್ಯ ಶಿಕ್ಷಣ / PHYSICAL & HEALTH EDUCATION	A	2.	ಮನೋಭಾವ ಮತ್ತು ಮೌಲ್ಯಗಳು / ATTITUDE & VALUES	A
3.	ಕಾರ್ಯಾನುಭವ / WORK EXPERIENCE	A	4.	ಕಲಾ ಶಿಕ್ಷಣ / ART EDUCATION	A

KSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSE

ಶಾಲಾ ಸಂಕೇತ / SCHOOL CODE : LL0615

ಶಾಲಾ ಹೆಸರು ಮತ್ತು ವಿಳಾಸ / SCHOOL NAME AND ADDRESS :

GYARAHALLI THAMMAYYA WORLD ACADEMY

VIJAYANAGARA EXTENSION D M HALLI, HASSAN TALUK, HASSAN DISTRICT, HASSAN- 573201

24350235

Manjushree

ಅಧ್ಯಕ್ಷರು

Chairperson