

**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

K E E R T H A N A

B. Name (as per Aadhaar)

K E E R T H A N A

2. Gender (select one)☐ Tick

Male

☒ Tick

Female

☐ Tick

Transgender

3. Date of Birth

2 0 1 1 2 0 0 5

4. Aadhaar Number

3 9 9 0 2 3 3 4 1 3 4 6

5. Residence Address

Flat/Door/Building

A N K I H A L L I P E T E

Road/Street/Block/Sector

A N K I H A L L I P E T E

Post Office

A N K I H A L L I

Area/Locality/Town/City

B E L U R

District

H A S S A N

State/Union Territory

KARNATAKA

Country/Region

I N D I A

PIN / ZIP CODE

5 7 3 2 1 5

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

9 1

Mobile Number

9 3 8 0 3 1 7 7 5 3

(ii) Email ID

colorsnetzone@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

Father's Middle Name

Father's Last Name

K R I S H N A S H E T T Y

15. Name of parent to be printed on Permanent Account Number card (select one) ☒ Father ☐ Mother

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

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

[illegible]

22. Address for Communication (select one) ☒ Residence Address ☐ Representative Assessee Address ☐ Office Address

☐ Tick (i) Proof of Identity ☐ Tick (ii) Proof of Address

Designation: **AUTHORIZED PERSON**



सत्यमेव जयते
भारत सरकार



ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

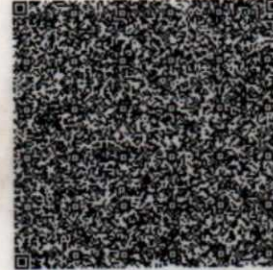
ನೋಂದಣಿ ಸಂಖ್ಯೆ / Enrollment No.: 0129/11029/93018

To
ಕೀರ್ತನ
Keerthana
D/O: Krishnashetty,
ankihallipete,
VTC: Ankihalli,
PO: Ankihalli,
Sub District: Belur, District: Hasan,
State: Karnataka,
PIN Code: 573215,
Mobile: 6361854382

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ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

3990 2334 1346

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ಭಾರತ ಸರ್ಕಾರ
Government of India



Issue Date : 22/09/2013



ಕೀರ್ತನ
Keerthana
ಜನ್ಮ ದಿನಾಂಕ / DOB : 20/11/2005
ಸ್ತ್ರೀ / Female

3990 2334 1346

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