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	SUSHMITHA
Middle Name	BILLAVA
Last Name	MANJAPPA

B. Name *(as per Aadhaar)*

	SUSHMITHA B M

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

3. Date of Birth — 20 / 11 / 2007

4. Aadhaar Number — 503415637730

5. Residence Address

Flat/Door/Building	7TH HOSKOTE VILLAGE
Road/Street/Block/Sector	AND POST KUSHALANAGR TALU
Post Office	7TH HOSKOTE
Area/Locality/Town/City	KODAGU
District	KODAGU

State/Union Territory: KARNATAKA | Country/Region: INDIA | PIN / ZIP CODE: 571237

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: 7124357124

(ii) Email ID: dpcommunication5050@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	MANJAPPA
Father's Middle Name	BILLAVA
Father's Last Name	ESHWARA

14.	**Mother's First Name**	S U M A
	Mother's Middle Name	B I L L A V A
	Mother's Last Name	A N N U P O O J A R I

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, ……SUSHMITHA B M……., in the capacity of ……HIMSELF……(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. KODAGU

Date. 13/08/2026

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

Name: SUSHMITHA B M

Designation: AUTHORIZED PERSON

भारत सरकार

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ Enrolment No.: 0821/91206/02474

To
ಸುಷ್ಮಿತ ಬಿ ಎಂ
Sushmitha B M
D/O: B.E.Manjappa,
VTC: 7 Th Hosakote,
PO: Hoskote,
Sub District: Somwarpet,
District: Kodagu,
State: Karnataka,
PIN Code: 571237,
Mobile: 9741515619

Signature valid

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

5034 1563 7730

VID : 9156 6053 4679 7465

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಸುಷ್ಮಿತ ಬಿ ಎಂ
Sushmitha B M
ಜನ್ಮ ದಿನಾಂಕ/DOB: 20/11/2007
ಸ್ತ್ರೀ/FEMALE

Aadhaar no. issued: 13/09/2014

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).

5034 1563 7730

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

Government of India

AADHAAR

ಮಾಹಿತಿ / INFORMATION

- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on www.uidai.gov.in.
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent.

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

Address:
D/O: B.E.Manjappa, 7 Th Hosakote, PO: Hoskote, DIST: Kodagu, Karnataka - 571237

5034 1563 7730

VID : 9156 6053 4679 7465

1947 | help@uidai.gov.in | www.uidai.gov.in

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ಕರ್ನಾಟಕ ಸರ್ಕಾರ
GOVERNMENT OF KARNATAKA

Z2HH02994

021728476

ಕರ್ನಾಟಕ ಶಾಲಾ ಪರೀಕ್ಷೆ ಮತ್ತು ಮೌಲ್ಯಸಿರ್ಣಯ ಮಂಡಲಿ, ಬೆಂಗಳೂರು

Karnataka School Examination and Assessment Board, Bengaluru

ಅಂಕಪಟ್ಟಿ ಹಾಗೂ ಪ್ರಮಾಣ ಪತ್ರ / Marks Statement cum Certificate

ಈ ಕೆಳಗೆ ಪ್ರಮಾಣಿತ ಅಭ್ಯರ್ಥಿಯು ಎಸ್.ಎಸ್.ಎಲ್.ಸಿ. ಪರೀಕ್ಷೆಯಲ್ಲಿ ತೇರ್ಗಡೆಯಾಗಿರುವುದನ್ನು ಪ್ರಮಾಣೀಕರಿಸಿದೆ.
This is to certify that the below mentioned candidate has passed S.S.L.C. Examination.

ನೋಂದಣಿ ಸಂಖ್ಯೆ / Register No. : 20240141335	ವರ್ಷ / Year : 2024
ಶಿಕ್ಷಣ ಮಾಧ್ಯಮ / Medium of Instruction : ENGLISH	ಅಭ್ಯರ್ಥಿ ವರ್ಗ / Candidate Type : CCE REGULAR FRESH

ಅಭ್ಯರ್ಥಿಯ ಹೆಸರು / Candidate's Name : SUSHMITHA B M

ತಂದೆಯ ಹೆಸರು / Father's Name : MANJAPPA B E

ತಾಯಿಯ ಹೆಸರು / Mother's Name : SUMA B A

ಜನ್ಮ ದಿನಾಂಕ / Date of Birth : 20-11-2007 TWENTIETH - NOVEMBER - TWO THOUSAND SEVEN	ಲಿಂಗ / Gender : GIRL

ಭಾಗ – ಎ / PART - A

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	94	125	44	119	A+
ದ್ವಿತೀಯ ಭಾಷೆ / SECOND LANGUAGE ENGLISH	20	20	80	76	100	35	96	A+
ತೃತೀಯ ಭಾಷೆ / THIRD LANGUAGE HINDI	20	20	80	79	100	35	99	A+
ಗಣಿತ / MATHEMATICS	20	20	80	53	100	35	73	B+
ವಿಜ್ಞಾನ / SCIENCE	20	20	80	68	100	35	88	A
ಸಮಾಜ ವಿಜ್ಞಾನ / SOCIAL SCIENCE	20	20	80	77	100	35	97	A+
ಒಟ್ಟು ಅಂಕಗಳು / TOTAL MARKS	125	125	500	447	625	219	572	ಜಿಪಿ / CGA : A+

ಗಳಿಸಿದ ಒಟ್ಟು ಅಂಕಗಳು (ಅಕ್ಷರಗಳಲ್ಲಿ) / TOTAL MARKS OBTAINED (IN WORDS) : FIVE HUNDRED SEVENTY-TWO ONLY

Percentage / ಶೇಕಡಾವಾರು : (91.52%)

ಭಾಗ – ಬಿ / PART - B

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

ಶಾಲಾ ಸಂಕೇತ / SCHOOL CODE : HH0079

ಶಾಲಾ ಹೆಸರು ಮತ್ತು ವಿಳಾಸ / SCHOOL NAME AND ADDRESS :

SHANTHINIKETHANA HIGH SCHOOL

KODAGARAHALLI SOMWARPET TALUK, KODAGU DISTRICT- 571243

ಅಧ್ಯಕ್ಷರು
Chairperson