



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

S H A L I N I

Middle Name

H Y A R A N E

Last Name

P R A K A S H

B. Name (as per Aadhaar)

S H A L I N I H P

2. Gender (select one)

Tick

Male

Tick

Female

Tick

Transgender

3. Date of Birth

0 8

1 1

2 0 0 5

4. Aadhaar Number

5 0 5 6 8 1 0 3 1 0 6 7

5. Residence Address

Flat/Door/Building

1 5 1

Road/Street/Block/Sector

H Y A R A N E

Post Office

A G I L E

Area/Locality/Town/City

H A S S A N T A L U K

District

H A S S A N

State/Union Territory

KARNATAKA

Country/Region

I N D I A

PIN / ZIP CODE

5 7 3 1 2 8

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 0 0 8 5 3 2 9 7 6

(ii) Email ID

hamamatha63@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

P R A K A S H

14. Mother's First Name	
Mother's Middle Name	
Mother's Last Name	S A K A M M A

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

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

Verification & Declaration

SHALINI H P

a. I, in the capacity of (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. 24/08/2026

Shalini H P

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

Name: SHALINI H P

Designation: AUTHORIZED PERSON



ಭಾರತ ಸರ್ಕಾರ
Government of India

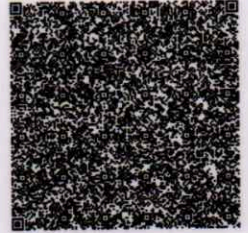
ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 0639/50304/05574

To
ಶಾಲಿನಿ ಹೆಚ್ ಪಿ
Shalini H P
D/O: Prakash,
151,
VTC: Hyarane,
PO: Agile,
Sub District: Alur,
District: Hassan,
State: Karnataka,
PIN Code: 573128
Mobile: 9008532976

Signature valid

Digitally signed by Unique
Identification Authority of India
DN
Date: 2020.11.15 10:15:45
IST



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

5056 8103 1067

VID : 9163 6313 8863 6728

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India

Aadhaar no. Issued: 20/03/2013



ಶಾಲಿನಿ ಹೆಚ್ ಪಿ
Shalini H P
ಜನ್ಮ ದಿನಾಂಕ/DOB: 08/11/2005
ಸ್ತ್ರೀ/FEMALE

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

5056 8103 1067

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



YLL12065

GOVERNMENT OF KARNATAKA

ಕರ್ನಾಟಕ ಪ್ರೌಢ ಶಿಕ್ಷಣ ಪರೀಕ್ಷಾ ಮಂಡಳಿ

Karnataka Secondary Education Examination Board

ಅಂಕ ಪಟ್ಟಿಹಾಗೂ 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.

003518932



ಸೋಂದಣಿ ಸಂಖ್ಯೆ / Register No. : 20210541985

ತಿಂಗಳು - ವರ್ಷ / Month - Year : JULY-2021

ಶಿಕ್ಷಣ ಮಾಧ್ಯಮ / Medium of Instruction : KANNADA

અભ્યર્થિ બર્ગે / Candidate Type : CCE REGULAR FRESH

ಹೆಸರು / Name : SHALINI H P

ತಂದೆಯ ಹೆಸರು / Father's Name : PRAKASH

ತಾಯಿಯ ಹೆಸರು / Mother's Name : SAKAMMA

ಜನ್ಮ ದಿನಾಂಕ/ 08-11-2005 EIGHTH - NOVEMBER - TWO THOUSAND FIVE
Date of Birth :

બોળ / GIRL
Gender :

ભાગ - ૯ / PART - A

	ಬಾಹ್ಯ ಪರೀಕ್ಷೆ EXTERNAL EXAMINATION			ಆಂತರಿಕ ಮೌಲ್ಯಮಾಪನ INTERNAL ASSESSMENT		ಒಟ್ಟು ಅಂಕಗಳು TOTAL MARKS			
ಶೈಕ್ಷಣಿಕ ವಿಷಯಗಳು SCHOLASTIC SUBJECTS	ಗರಿಷ್ಠ ಅಂಕಗಳು MAX. MARKS	ಕನಿಷ್ಠ ಅಂಕಗಳು MIN. 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	100	35	95	25	25	125	44	120	A+
ದ್ವಿತೀಯ ಭಾಷೆ / SECOND LANGUAGE : ENGLISH	80	28	74	20	20	100	35	94	A+
ತೃತೀಯ ಭಾಷೆ / THIRD LANGUAGE : HINDI	80	28	60	20	20	100	35	80	A
ಗಣಿತ / MATHEMATICS	80	28	48	20	20	100	35	68	B
ವಿಜ್ಞಾನ / SCIENCE	80	28	66	20	20	100	35	86	A
ಸಮಾಜ ವಿಜ್ಞಾನ / SOCIAL SCIENCE	80	28	74	20	20	100	35	94	A+
ಒಟ್ಟು ಅಂಕಗಳು / TOTAL MARKS :	500	175	417	125	125	625	219	542	ಸಿಜಿಎ / CGA : A

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

(86.72%)

ભાગ - બી / 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

KSEEB KSEEB KSEEB KSEEB KSEEB KSEEB KSEEB KSEEB KSEEB KSEEB KSEEB KSEEB KSEEB KSEEB

ಶಾಲಾ ಸಂಕೇತ, ಹೆಸರು ಮತ್ತು ವಿಳಾಸ /
SCHOOL CODE, NAME AND ADDRESS :

LL0307

SRI GAJANANA HIGH SCHOOL

DODDABEEKANAHALLI HASSAN TALUK, HASSAN DISTRICT

Ex. 1. 1

ಕಾರ್ಯದರ್ಶಿ

ಕರ್ನಾಟಕ ಪ್ರೌಢ ಶಿಕ್ಷಣ ಪರೀಕ್ಷಾ ಮಂಡಳಿ, ಬೆಂಗಳೂರು
SECRETARY

SECRETARY

KARNATAKA SECONDARY EDUCATION EXAMINATION BOARD,
BENGALURU

दिनांक/ DATE : 09.08.2021

21417296