



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

R A C H A N A

Middle Name

Last Name

N A G A R A J A

B. Name (as per Aadhaar)

R A C H A N A N

2. Gender (select one)

Tick

Male

Tick

Female

Tick

Transgender

3. Date of Birth

1 4 0 6 2 0 0 8

4. Aadhaar Number

3 5 4 8 5 8 8 8 2 2 4 0

5. Residence Address

Flat/Door/Building

0 1

Road/Street/Block/Sector

N A G A R A L U

Post Office

N A G A R A L U

Area/Locality/Town/City

K A D U R

District

C H I K K A M A G A L U R U

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5 7 7 1 7 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 6 3 2 6 3 0 9 5 2

(ii) Email ID

GANESH123BVR@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

N A G A R A J A

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

☒ (i) Proof of Identity ☒ (ii) Proof of Address ☒ (iii) Proof of Date of Birth

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

a. I, RACHANA N, 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. CHIKKAMAGALURU

Date..24/08/2026

Rachama. n

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

Name: RACHANA N

Designation: **AUTHORIZED PERSON**

ಭಾರತ ಸರ್ಕಾರ
Government of India

Print Date: 11/04/2019

ರಚನಾ ಎನ್
Rachana N
ಬಂದಿ / Bond / DOB: 14/06/2008
ಸ್ಥಿತಿ / Status

3548 5888 2240

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ಭಾರತೀಯ ಏಕೈಕ ಗುರುತು ಅಧಿಕಾರ
Unique Identification Authority of India

ವಿವರ: 3548 / ಉದ್ದೇಶ: ಸರ್ಕಾರಿ, ಸಾರ್ವಜನಿಕ, ರಾಜಕೀಯ
ವಿವರ, 577175

Print Date: 01/11/2023

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Maryummal
ಅಧ್ಯಕ್ಷರು
Chairperson