

**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

M A N Y A S H R E E

B. Name (as per Aadhaar)

M A N Y A S H R E E

2. Gender (select one)☐ Tick

Male

☒ Tick

Female

☐ Tick

Transgender

3. Date of Birth

0

6

0

6

2

0

0

8

4. Aadhaar Number

9

2

2

0

9

1

9

5

6

8

9

2

5. Residence Address

Flat/Door/Building

0

1

Road/Street/Block/Sector

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Post Office

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R

Area/Locality/Town/City

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District

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N

State/Union Territory

KARNATAKA

Country/Region

I N D I A

PIN / ZIP CODE

5

7

3

1

1

2

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

8

6

4

7

7

0

4

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

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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

[illegible][illegible][illegible][illegible]

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

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

MANYASHREE

a. I, MANYASHREE, 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..31/08/2026

manyaShree

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

Name: MANYASHREE

Designation: **AUTHORIZED PERSON**



ಭಾರತ ಸರ್ಕಾರ
Government of India

Issue Date: 03/06/2017



ಮಾನ್ಯಶ್ರೀ
Maniyashree
ಜನ ದಿನಾಂಕ/DOB: 06/06/2008
FEMALE

9220 9195 6892

VID : 9172 6946 9413 5999

ಶ್ರೀ ಅಧಾರ್ ನನ್ನ ಗುರುತು



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India



ವಿಳಾಸ:
ಕಂದೆ / ಕಾಯಯ ಹೆಬ್ಬು: ಸಿದ್ಧೇಶ, ಮನಕಾಥೂರು
ಪೊಂಡಿಗನಹಳ್ಳಿ ಪೋಸ್ಟ್, ಬಾನವರಾ ಹೊಬಲಿ,
ಅರಸೀಕೆರೆ ತಾಲ್ಲೂಕು, ಮಣಕಾಥೂರು, ಹಾಸನ,
ಕರ್ನಾಟಕ - 573112

Address:
D/O: Siddesha, Manakathur, Thondiganahalli
post, Banavara hobali, Arsikere Taluk,
Manakathur, Hassan,
Karnataka - 573112



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