



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

K O T T U R E S H A

Middle Name

Last Name

S O M A I A H

B. Name (as per Aadhaar)

K O T T U R E S H A S

2. Gender (select one)



Male



Female



Transgender

3. Date of Birth

2

7

0

2

1

9

9

1

4. Aadhaar Number

7

1

9

3

6

6

2

7

8

6

2

6

5. Residence Address

Flat/Door/Building

1

0

8

Road/Street/Block/Sector

S O P P I N A H A L L I

Post Office

H I R I S A D A R A H A L L I

Area/Locality/Town/City

H I R I S A D A R A H A L L I

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

4

4

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



Non Resident



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

7

2

5

9

7

0

1

4

8

1

(ii) Email ID

snsdmk0413@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)



Salary



Income from Business/Profession



Income from House Property



Capital Gains



Income from Other Sources



No Income

PART C - Details of Parents

12. Whether mother/father is a single parent? (select one)



Yes



No

13. Father's First Name

Father's Middle Name

Father's Last Name

S O M A I A H

14. Mother's First Name	
Mother's Middle Name	
Mother's Last Name	S H I V 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

KOTTURESHA S

SELF

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. 29/08/2026

Kotturesha S

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

Name: KOTTURESHA S

Designation: AUTHORIZED PERSON



ಭಾರತ ಸರ್ಕಾರ
Government of India

ಕೊಟ್ಟುರೇಶ ಎಸ್

Kotturesha S

ಜನ್ಮ ದಿನಾಂಕ / DOB : 27/02/1991

ಪುರುಷ / Male



7193 6627 8626

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ವಿಳಾಸ:

S/O: ಸೋಮಯ್ಯ, 108, ಸೊಪ್ಪಿನಹಳ್ಳಿ,
ಹಿರಿಸಾದರಹಳ್ಳಿ, ಹಾಸನ, ಕರ್ನಾಟಕ,
573144

Address:

S/O: Somaiah, 108, Soppinahalli,
Hirisadarahalli, Hasan, Karnataka,
573144

7193 6627 8626



1947
1800 300 1947



help@uidai.gov.in

WWW

www.uidai.gov.in



ಕರ್ನಾಟಕ ಸರ್ಕಾರ
GOVERNMENT OF KARNATAKA

394962

1177302788

ಕರ್ನಾಟಕ ಪ್ರೌಢ ಶಿಕ್ಷಣ ಪರೀಕ್ಷಾ ಮಂಡಳಿ Karnataka Secondary Education Examination Board



ಪ್ರಮಾಣ ಪತ್ರ
Certificate

ಈ ಕೆಳಗೆ ನಮೂದಿಸಿದ ಅಭ್ಯರ್ಥಿಯು ಎಸ್.ಎಸ್.ಎಲ್.ಸಿ. ಪರೀಕ್ಷೆಯಲ್ಲಿ ಕೆಳಗಿನ ವಿವರಗಳೊಂದಿಗೆ ತೇರ್ಗಡೆಯಾಗಿದ್ದಾನೆ/ದ್ದಾಳೆ ಎಂದು ಪ್ರಮಾಣೀಕರಿಸಲಾಗಿದೆ.

This is to certify that the candidate mentioned below has PASSED S.S.L.C. Examination with the following details.

ನೋಂದಣಿ ಸಂಖ್ಯೆ Register No. : 20070395469	ತಿಂಗಳು/ವರ್ಷ Month/Year : MARCH-2007	ಶಿಕ್ಷಣ ಮಾಧ್ಯಮ Medium of Instruction KANNADA
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ಹೆಸರು Name KOTTURESHA S

ತಾಯಿಯ ಹೆಸರು Mother's Name SHIVAMMA

ತಂದೆಯ ಹೆಸರು Father's Name SOMAIAH

ಜನ್ಮ ದಿನಾಂಕ
Date of Birth 27-02-1991 TWENTY-SEVENTH FEBRUARY NINETEEN NINETY-ONE

ವಿಷಯಗಳು SUBJECTS	ಅಂಕಗಳು MARKS		ಪಡೆದ ಅಂಕಗಳು MARKS OBTAINED	ಪಡೆದ ದರ್ಜೆ(ಶ್ರೇಣಿ) CLASS OBTAINED
	ಗರಿಷ್ಠ MAX.	ಕನಿಷ್ಠ MIN.		
ಪ್ರಥಮ ಭಾಷೆ/ FIRST LANGUAGE : KANNADA	125	44	061	- ದ್ವಿತೀಯ ಭಾಷೆ ಶೇ.85 ಮತ್ತು ಅದಕ್ಕಿಂತ ಮೇಲ್ಪಟ್ಟು - ಪ್ರಥಮ ದರ್ಜೆ:ಶೇ.60 ಮತ್ತು ಅದಕ್ಕಿಂತ ಮೇಲ್ಪಟ್ಟು, ಮತ್ತು ಶೇ.85ರ ಒಳಗೆ - ದ್ವಿತೀಯ ದರ್ಜೆ:ಶೇ.50 ಮತ್ತು ಮೇಲ್ಪಟ್ಟು ಶೇ.60ರ ಒಳಗೆ - ಒಂದೇ ಭಾಷೆ ವಿಭಾಗದಲ್ಲಿ ಎರಡನೇ ಮಹತ್ವ ದರ್ಜೆಯನ್ನು ಕೊಡಲಾಗುವುದು. - ಪಾಠ್ಯಕ್ರಮದಲ್ಲಿ ಉಪೇಕ್ಷಾಕಾರಿ - ಪ್ರತಿ ವಿಷಯದಲ್ಲಿ ಕನಿಷ್ಠ ಶೇ.30 ಅಂಕಗಳು ಮತ್ತು ಒಟ್ಟಿನಲ್ಲಿ ಶೇ.35 ಅಂಕಗಳು. * DISTINCTION : 85% AND ABOVE * FIRST CLASS : 60% AND ABOVE BUT BELOW 85% * SECOND CLASS : 50% AND ABOVE BUT BELOW 60% * CLASS IS DECIDED FOR THOSE WHO PASS IN FIRST ATTEMPT ONLY. - PASS IN EXAMINATION : 30% MIN. IN EACH SUBJECT AND 35% IN THE AGGREGATE
ದ್ವಿತೀಯ ಭಾಷೆ/ SECOND LANGUAGE : ENGLISH	100	35	035	
ತೃತೀಯ ಭಾಷೆ/ THIRD LANGUAGE : HINDI	100	35	047	
ಗಣಿತ/ MATHEMATICS	100	35	031	
ವಿಜ್ಞಾನ/ SCIENCE	100	35	042	
ಸಮಾಜ ವಿಜ್ಞಾನ/ SOCIAL SCIENCE	100	35	062	
ಒಟ್ಟು ಅಂಕಗಳು/ TOTAL	625	219	278	PASS (44.48%) LL117

ಪಡೆದ ಒಟ್ಟು ಅಂಕಗಳು (ಅಕ್ಷರಗಳಲ್ಲಿ) TWO HUNDRED SEVENTY-EIGHT ONLY
TOTAL MARKS OBTAINED (In words) :

ಶಾಲೆಯ ಹೆಸರು ಮತ್ತು ವಿಳಾಸ
NAME OF THE SCHOOL & ADDRESS :
SRI J.K.C.S.RURAL HIGH SCHOOL
HIRISADARAHALLY ARASIKERE TALUK
HASSAN DISTRICT



ದಿನಾಂಕ
DATE : 25-APRIL-2007

ಕಾರ್ಯದರ್ಶಿಗಳು
ಕರ್ನಾಟಕ ಪ್ರೌಢ ಶಿಕ್ಷಣ ಪರೀಕ್ಷಾ ಮಂಡಳಿ
SECRETARY
KARNATAKA SECONDARY EDUCATION EXAMINATION BOARD
ಬೆಂಗಳೂರು BANGALORE