

Vinayaka.C

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

V I N A Y A K A

Middle Name

Last Name

C H A N D R A S H E K A R A

B. Name (as per Aadhaar)

V I N A Y A K A C

2. Gender (select one)



Male



Female



Transgender

3. Date of Birth

2

0

0

8

2

0

0

8

4. Aadhaar Number

8

9

8

0

3

2

9

2

6

4

1

3

5. Residence Address

Flat/Door/Building

C / O C H A N D R A S H E K A R

Road/Street/Block/Sector

S A L A G A M E H O B A L I , S A N N E N A

Post Office

U G A N E

Area/Locality/Town/City

U G A N E

District

H A S S A N

State/Union Territory

KARNATAKA

Country/Region

I N D I A

PIN / ZIP CODE

5

7

3

2

1

6

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

8

2

7

7

3

7

0

8

7

(ii) Email ID

chandrashekarvinayakac@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

C H A N D R A S H E K A R A

14. Mother's First Name	
Mother's Middle Name	
Mother's Last Name	B H A V A N I

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

VINAYAKA C

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. 30/08/2026

Uimayaka.c

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

Name: VINAYAKA C

Designation: AUTHORIZED PERSON



सत्यमेव जयते
भारत सरकार



ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

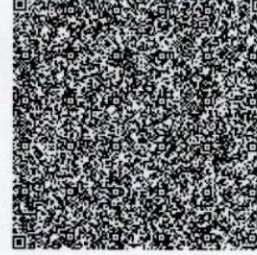
ನೋಂದಣಿ ಸಂಖ್ಯೆ / Enrollment No.: 4050/50020/13500

To
ವಿನಾಯಕ ಸಿ
Vinayaka C
S/O: Chandrashekar C,
Salagame Hobali, Sannenahalli,
VTC: Ugane,
PO: Ugane,
Sub District: Alur, District: Hassan,
State: Karnataka,
PIN Code: 573216,
Mobile: 9880487857

97605168



MC976051687FL



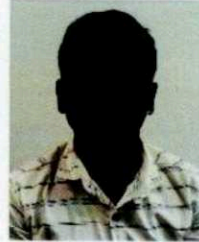
ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

8980 3292 6413

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



Issue Date : 08/09/2015



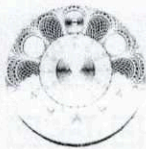
ವಿನಾಯಕ ಸಿ
Vinayaka C
ಜನ್ಮ ದಿನಾಂಕ / DOB : 20/08/2008
ಪುರುಷ / Male

ಭಾರತ ಸರ್ಕಾರ
Government of India



8980 3292 6413

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಕರ್ನಾಟಕ ಸರ್ಕಾರ
GOVERNMENT OF KARNATAKA

A black and white portrait of a young man with short, dark hair, wearing a light-colored dress shirt and a dark, diagonally striped tie. He is looking directly at the camera with a neutral expression. The background is a mottled, light gray.

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.

004266747

ತಾಯಿಯ ಹೆಸರು / Mother's Name : BHAVANI

બાળક / BOY
Gender :

Percentage / ಶೇಕಡಾನಾಡು :	(58.88%)
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[illegible]

UGANE DEVAGODANAHALLY HASSAN TALUK, HASSAN DISTRICT-
573211

ಅಧ್ಯಕ್ಷರು
Chairperson