



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

D H A N Y A T H A

Middle Name

M A L L A P U R A

Last Name

R A J A S H E K H A R

B. Name (as per Aadhaar)

D H A N Y A T H A M R

2. Gender (select one)

☐ Tick

Male

☒ Tick

Female

☐ Tick

Transgender

3. Date of Birth

0 7

0 1

2 0 0 8

4. Aadhaar Number

8 6 9 1 0 3 4 7 0 7 1 0

5. Residence Address

Flat/Door/Building

0 1

Road/Street/Block/Sector

A M A L L A P U R A

Post Office

B A N A V A R A

Area/Locality/Town/City

A R S I K E R 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 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 8 4 4 2 6 5 4 0 5

(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

R A J A S H E K H A R

Father's Middle Name

M A L L A P U R A

Father's Last Name

H A L A P P 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

[illegible][illegible][illegible]

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				

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

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

a. I, DHANYATHA M R, 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

Dhanyatha M.R

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

Name: DHANYATHA M R

Designation: **AUTHORIZED PERSON**



ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 0000/00855/98679

To
ಧನ್ಯತ ಎಮ್ ಆರ್
DHANYATHA M R
C/O: Rajashekar M H
Mallapura
Hassan Karnataka - 573112
9844265405

Signature valid

Digitally signed by
UNIQUE IDENTIFICATION
AUTHORITY OF INDIA 05
Date: 2022.08.10 10:19:05
UTC



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

8691 0347 0710

VID : 9152 6266 3544 0735

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ಭಾರತ ಸರ್ಕಾರ
Government of India

Issue Date: 03/01/2014



ಧನ್ಯತ ಎಮ್ ಆರ್
DHANYATHA M R
ಜನ್ಮ ದಿನಾಂಕ/DOB: 07/01/2008
ಪ್ರಿ/FEMALE

8691 0347 0710

VID : 9152 6266 3544 0735

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