



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 A C H I N A K A T T E

Middle Name

N A G E S H

Last Name

Y O G A R A J A

B. Name (as per Aadhaar)

K N Y O G A R A J A

2. Gender (select one)



Male



Female



Transgender

3. Date of Birth

2 8 0 3 2 0 0 8

4. Aadhaar Number

9 9 0 9 0 2 2 9 8 8 1 3

5. Residence Address

Flat/Door/Building

C / O N A G E S H

Road/Street/Block/Sector

K O R A L A H A L L I

Post Office

K A C H I N A K A T T E

Area/Locality/Town/City

K A C H I N A K A T T E

District

S H I V A M O G G A

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5 7 7 2 2 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)



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 8 9 9 2 9 1 1 0 5

(ii) Email ID

Shreeinfrapatel@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

N A G E S H

14. Mother's First Name	
Mother's Middle Name	
Mother's Last Name	S U D H 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
(ii) Email ID	Mobile Number
(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

K N YOGARAJA

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. SHIVAMOGGA

Date. 03/09/2026



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

Name: K N YOGARAJA

Designation: AUTHORIZED PERSON



ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

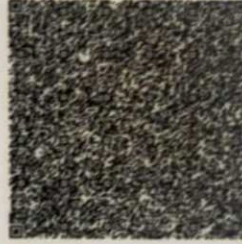
ನೋಂದಣಿ ಸಂಖ್ಯೆ / Enrollment No.: 4050/52078/05303

To
ಕೆ ಎನ್ ಯೋಗರಾಜ
K N Yogaraja
S/O: Nagesh,
Koralahalli,
VTC: Kachina Katte,
PO: Kachinakatte,
Sub District: Shimoga, District: Shimoga,
State: Karnataka,
PIN Code: 577222,
Mobile: 7899291105

246783906



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ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

9909 0229 8813

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India



Aadhaar no. issued: 28/11/2013



ಕೆ ಎನ್ ಯೋಗರಾಜ
K N Yogaraja
ಜನ್ಮ ದಿನಾಂಕ / DOB : 28/03/2008
ಪುರುಷ / Male

ಆಧಾರ್ ಗುರುತಿನ ಪ್ರಮಾಣವಾಗಿದೆ, ಪೌರತ್ವ ಅಥವಾ ಜನ್ಮ ದಿನಾಂಕದ
ಪ್ರಮಾಣವಲ್ಲ. ಇದನ್ನು ಆನ್‌ಲೈನ್ ವೈರಿಫಿಕೇಷನ್ ಅಥವಾ QR ಕೋಡ್ /
ಆಫ್‌ಲೈನ್ XML ಸ್ಕ್ಯಾನ್‌ನೊಂದಿಗೆ ಮಾತ್ರ ಬಳಸಬೇಕು.

Aadhaar is proof of identity, not of citizenship or date
of birth. It should be used only with verification (online
authentication or scanning of QR code / offline XML.)

9909 0229 8813

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ಅಧ್ಯಕ್ಷರು
Chairperson