

**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 I G A M B A R

Middle Name

S A G A R

Last Name

M A N A W A D D A R

**B. Name (as per Aadhaar)**

D I G A M B A R S A G A R M A N A W A D D A R

**2. Gender (select one)**

Male



Female



Transgender

**3. Date of Birth**

1

8

0

5

2

0

0

8

**4. Aadhaar Number**

2

6

2

0

9

9

4

6

5

1

4

6

**5. Residence Address**

Flat/Door/Building

H O U S E N O -

2

7

1

1

Road/Street/Block/Sector

W A D D A R

G A L L I

Post Office

S A N K E S H W A R

Area/Locality/Town/City

S A N K E S H W A R

District

B E L A G A V I

State/Union Territory

KARNATAKA

Country/Region

I N D I A

PIN / ZIP CODE

5

9

1

3

1

3

**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

7

9

2

3

9

7

2

7

6

(ii) Email ID

karnatakaonesankeshwar01@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 A G A R

|                         |                 |
|-------------------------|-----------------|
| 14. Mother's First Name |                 |
| Mother's Middle Name    |                 |
| Mother's Last Name      | S H I V A K K 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 | 5 2 1 | (iv) AO No.  | 9 3 |

#### 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

DIGAMBAR SAGAR MANAWADDAR

a. I, DIGAMBAR SAGAR MANAWADDAR, 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. BELAGAVI

Date. 04/09/2026



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

Name: DIGAMBAR SAGAR MANAWADDAR

Designation: AUTHORIZED PERSON



ಭಾರತ ಸರ್ಕಾರ  
Government of India

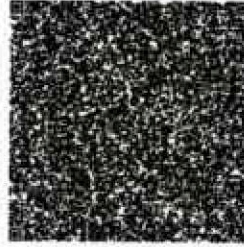
ಭಾರತೀಯ ವಿಕಿಪ್ಪ ಗುರುತು ಪ್ರಾಧಿಕಾರ  
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ Enrolment No.: 0821/85895/00552

To  
ದಿಗಂಬರ ಸಾಗರ ಮನವದ್ದಾರ  
Digambar Sagar Manawaddar  
S/O Sagar Manawaddar,  
House No - 2711, Waddar Galli,  
Tq - Hukkeri,  
VTC: Sankeshwar,  
PO: Sankeshwar,  
District: Belgaum,  
State: Karnataka,  
PIN Code: 591313,  
Mobile: 8792397276

Signature valid

Digambar Sagar Manawaddar  
Enrolment No. 0821/85895/00552  
Date: 18/05/2008 15:00:07  
UIDAI-INDIA



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

2620 9946 5146

VID : 9187 1626 5814 1893

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ  
Government of India

Aadhaar no. Issued: 262099465146



ದಿಗಂಬರ ಸಾಗರ ಮನವದ್ದಾರ  
Digambar Sagar Manawaddar  
ಜನ್ಮ ದಿನಾಂಕ/DOB: 18/05/2008  
ಪ್ರಲಿಂಗ/ MALE

ಆಧಾರ್ ಗುರುತಿನ ಪ್ರಮಾಣವಾಗಿದೆ, ಪೌರತ್ವ ಅಥವಾ ಜನ್ಮ ದಿನಾಂಕದ ಪ್ರಮಾಣವಲ್ಲ. ಇದನ್ನು ಐಎಎಸ್/ಎನ್ ವೈಫಿಕ್ಯೇಷನ್ ಅಥವಾ ಓಎ ಸರ್ವರ್ / ಐಎಎಸ್/ಎನ್ ಎಕ್ಸ್ ಎಸ್ ಸಿ ಸಿಸ್ಟಮ್‌ನೊಂದಿಗೆ 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.)

2620 9946 5146

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



Z2NA26707

ಅಂಕಪಟ್ಟಿ ಹಾಗೂ ಪ್ರಮಾಣ ಪತ್ರ / Marks Statement cum Certificate

ಈ ಕೆಳಗೆ ಸಮುದಿತ ಅಭ್ಯರ್ಥಿಯು ಎಸ್.ಎಸ್.ಎಲ್.ಸಿ. ಪರೀಕ್ಷೆಯಲ್ಲಿ ತೇರ್ಗಡೆಯಾಗಿರುವುದನ್ನು ಪ್ರಮಾಣೀಕರಿಸಿದೆ.

This is to certify that the below mentioned candidate has passed S.S.L.C. Examination.



006128073

ಕೊಂಡದ ಸಂಖ್ಯೆ / Register No. : 20240316968

Year : 2024

ಭಾಷೆ / Medium of Instruction : KANNADA

అభ్యర్థి పేరు / Candidate Type : CCE REGULAR FRESH

ಅಭ್ಯರ್ಥಿಯ ಹೆಸರು / Candidate's Name : DIGAMBAR SAGAR MANAWADDAR

ತಂದೆಯ ಹೆಸರು / Father's Name : SAGAR

ಪಾಠ್ಯದ ತಾಯಿ / Mother's Name : SHIVAKKA

Date of Birth : 18-05-2008 EIGHTEENTH - MAY - TWO THOUSAND EIGHT

Sort / Gender : **BOY**

ଫର୍ମ - ୨ / PART - A

| ಭಾಗ - ಬಿ / PART - B   |                                                          |                   |                       |                                                 |                   |
|-----------------------|----------------------------------------------------------|-------------------|-----------------------|-------------------------------------------------|-------------------|
| ಕ್ರ. ಸಂ. /<br>Sl. No. | ಸಹ ಶೈಕ್ಷಣಿಕ ವಿಷಯಗಳು /<br>CO-SCHOLASTIC SUBJECTS          | ಶ್ರೇಣಿ /<br>GRADE | ಕ್ರ. ಸಂ. /<br>Sl. No. | ಸಹ ಶೈಕ್ಷಣಿಕ ವಿಷಯಗಳು /<br>CO-SCHOLASTIC SUBJECTS | ಶ್ರೇಣಿ /<br>GRADE |
| 1.                    | ದೈಹ ಮತ್ತು ಆರೋಗ್ಯ ಶಿಕ್ಷಣ /<br>PHYSICAL & HEALTH EDUCATION | A                 | 2.                    | ಮನೋಭಾವ ಮತ್ತು ಮೌಲ್ಯಗಳು /<br>ATTITUDE & VALUES    | A                 |
| 3.                    | ಕಾರ್ಯಾಣನುಭವ /<br>WORK EXPERIENCE                         | A                 | 4.                    | ಕಲಾ ಶಿಕ್ಷಣ /<br>ART EDUCATION                   | A                 |

KSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSEABKSE

ಶಾಲಾ ಸಂಕೇತ / SCHOOL CODE : NA0295

ಶಾಲಾ ಹೆಸರು ಮತ್ತು ವಿಳಾಸ / SCHOOL NAME AND ADDRESS :

SDVSKAN MED HIGH SCHOOL

SANKESHWARA, HUKKERI TALUK, CHIKKODI DIST

Maryanne

◎ 习题 1.1

**Chairperson**

24426027