

**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

Middle Name

Last Name

S U M A Y A

B. Name (as per Aadhaar)

S U M A Y A

2. Gender (select one)☐ Tick

Male

☒ Tick

Female

☐ Tick

Transgender

3. Date of Birth

2 5

0 5

2 0 0 5

4. Aadhaar Number

8 6 2 7 4 6 9 4 4 5 7 4

5. Residence Address

Flat/Door/Building

D / O F A Y A Z

Road/Street/Block/Sector

D E V E G O W D A N A G A R A

Post Office

J O D I T H A T T E K E R E

Area/Locality/Town/City

T H A T T E 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 2 1 7

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 0 0 8 7 3 4 3 6 6

(ii) Email ID

MURULISPOORTHI2025@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

Father's Middle Name

Father's Last Name

F A Y A Z

14. Mother's First Name	
Mother's Middle Name	
Mother's Last Name	S H I R E E N

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

SUMAYA

a. I, SUMAYA, 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. 04/09/2026



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

Name: SUMAYA

Designation: AUTHORIZED PERSON



4380912676



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ

Unique Identification Authority of India

Government of India

ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No.: 2017/91435/16370

To
Sumaya
ಸುಮಯ
D/O: Fayaz
Devegowda nagara
Thattekere
Jodithattekere, Hassan
Karnataka - 573217
9008734366

14/07/2015



KH494905366FT

49490536



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

8627 4694 4574

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



ಭಾರತ ಸರ್ಕಾರ

Government of India

ಸುಮಯ
Sumaya



ಜನ್ಮ ದಿನಾಂಕ / DOB: 25/05/2005
ಸ್ತ್ರೀ / Female

8627 4694 4574



ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



Government of India



ಮಾಹಿತಿ

- ಆಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯೇ ಹೊರತು ಪೌರತ್ವದಲ್ಲ.
- ನಿಮ್ಮ ಗುರುತನ್ನು ಸಾಬೀತುಪಡಿಸಲು, ಆನ್ ಲೈನ್ ಮೂಲಕ ದೃಢೀಕರಿಸಿ.

ಸೂಚನೆ: 15 ವರ್ಷಗಳ ವಯಸ್ಸನ್ನು ಹೊಂದಿದ ನಂತರ ಮಕ್ಕಳು ಮತ್ತೊಮ್ಮೆ ತಮ್ಮ ಬಯೋಮೆಟ್ರಿಕ್ ಮಾಹಿತಿಗಳನ್ನು ಅಪ್ಡೇಟ್ ಮಾಡತಕ್ಕದ್ದು.

INFORMATION

- Aadhaar is proof of identity, not of citizenship.
- To establish identity, authenticate online.

Note : Children on attaining 15 years of age need to update biometric information.

- ಆಧಾರ್ ದೇಶದಾದ್ಯಂತ ಮಾನ್ಯತೆಯನ್ನು ಪಡೆದಿದೆ.
- ಭವಿಷ್ಯದಲ್ಲಿ, ಸರ್ಕಾರಿ ಹಾಗೂ ಸರ್ಕಾರೇತರ ಸೇವೆಗಳನ್ನು ಪಡೆಯಲು ಆಧಾರ್ ನಿಮಗೆ ಸಹಾಯಕವಾಗಲಿದೆ.
- Aadhaar is valid throughout the country.
- Aadhaar will be helpful in availing Government and Non-Government services in future.



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

Unique Identification Authority of India

ವಿಳಾಸ, ತಂದೆ / ತಾಯಿಯ ಹೆಸರು, ಫಯಾಜ್
ದೇವಗೌಡ ನಗರ, ತಟ್ಟಕೆರೆ
ಜೊಡಿಹಾತಕೆರೆ, ಹಾಸನ, ಕರ್ನಾಟಕ, 573217

Address: D/O: Fayaz,
Devegowda nagara,
Thattekere, Hassan,
Jodithattekere, Karnataka,
573217

8627 4694 4574

1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in



ಸರ್ಕಾರ

ಕರ್ನಾಟಕ ಪ್ರೌಢ ಶಿಕ್ಷಣ ಪರೀಕ್ಷಾ ಮಂಡಳಿ

ಅಂಕ ಪಟ್ಟಿ ಹಾಗೂ ಪ್ರಮಾಣ ಪತ್ರ / Marks Statement cum Certificate

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.



008286644

ತಿಂಗಳು - ವರ್ಷ / Month - Year : **APRIL-2022**

అభ్యర్థి పేరు / Candidate Type : CCE REGULAR FRESH

ತಾಯಿಯ ಹೆಸರು / Mother's Name : **SHIREEN**

બોલ / **GIRL**
Gender :

భాగ - ఎ / PART - A

ಗಳಿಸಿದ ಒಟ್ಟು ಅಂಕಗಳು (ಅಕ್ಷರಗಳಲ್ಲಿ) / TOTAL MARKS OBTAINED (IN WORDS):	FIVE HUNDRED SEVENTY-SIX ONLY	Percentage / ಶೇಕಡೆ (92.16%)
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ಭಾಗ - ಬಿ / PART - B

ಕ್ರ. ಸಂ./ Sl. No.	ಸಹ ಶೈಕ್ಷಣಿಕ ವಿಷಯಗಳು / CO-SCHOLASTIC SUBJECTS	ಶ್ರೇಣಿ / GRADE	ಕ್ರ. ಸಂ./ Sl. No.	ಸಹ ಶೈಕ್ಷಣಿಕ ವಿಷಯಗಳು / CO-SCHOLASTIC SUBJECTS	ಶ್ರೇಣಿ / GRADE
1.	ದೈಹಿಕ ಮತ್ತು ಆರೋಗ್ಯ ಶಿಕ್ಷಣ / PHYSICAL & HEALTH EDUCATION	A	2.	ಮನೋಭಾವ ಮತ್ತು ಮೌಲ್ಯಗಳು / ATTITUDE & VALUES	A
3.	ಕಾರ್ಯಾನುಭವ / WORK EXPERIENCE	A	4.	ಕಲಾ ಶಿಕ್ಷಣ / ART EDUCATION	A

[illegible]

ಶಾಲಾ ಹೆಸರು ಮತ್ತು ವಿಳಾಸ / SCHOOL NAME AND ADDRESS

DEVEGOWDANAGARA,THATTEKERE POST,HASSAN TQ HASSAN
DIST-

Ingul

ಕಾರ್ಯದರ್ಶಿ

ಕರ್ನಾಟಕ ಪ್ರೌಢ ಶಿಕ್ಷಣ ಪರೀಕ್ಷಾ ಮಂಡಳಿ, ಬೆಂಗಳೂರು
SECRETARY

KARNATAKA SECONDARY EDUCATION EXAMINATION BOARD,
BENGALURU

ದಿನಾಂಕ/ DATE : 19-05-2022