

**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

S A V I T H A

Middle Name

Last Name

M A N J A L A

B. Name (as per Aadhaar)

S A V I T H A M

2. Gender (select one)☐ Tick

Male

☒ Tick

Female

☐ Tick

Transgender

3. Date of Birth

0 1

0 1

1 9 9 5

4. Aadhaar Number

9 7 6 5 3 9 2 6 7 5 8 9

5. Residence Address

Flat/Door/Building

K O N A P U R P E T

Road/Street/Block/Sector

K O N A P U R P E T

Post Office

M A N V I

Area/Locality/Town/City

M A N V I

District

R A I C H U R

State/Union Territory

KARNATAKA

Country/Region

I N D I A

PIN / ZIP CODE

5 8 4 1 2 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)☒ 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

7 3 4 9 6 3 0 5 4 3

(ii) Email ID

RAGHUNAİK6261@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

D U R Y O D A N A

Father's Middle Name

Father's Last Name

M A N J A L A

14. Mother's First Name	
Mother's Middle Name	
Mother's Last Name	U S 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	4 2 1	(iv) AO No.	6

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

SAVITHA M

a. I, SAVITHA M, 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. RAICHUR

Date. 15/09/2026

Savitha.

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

Name: SAVITHA M

Designation: AUTHORIZED PERSON



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ

Unique Identification Authority of India
Government of India

ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No.: 1190/08782/03177

27/04/2015

To
Savitha M
ಸವಿತಾ ಎಮ್
D/O: Duryodana M
ward no 20
Manvi
Konapur Pet, Raichur
Karnataka - 584123
7406260802



KH365491995FT

36549199



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

9765 3926 7589

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



ಭಾರತ ಸರ್ಕಾರ

Government of India



ಸವಿತಾ ಎಮ್
Savitha M

ಜನ್ಮ ದಿನಾಂಕ / DOB: 01/01/1995
ಸ್ತ್ರೀ / Female

9765 3926 7589



ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ

608839



ಕರ್ನಾಟಕ ಸರ್ಕಾರ
GOVERNMENT OF KARNATAKA

ORR07921

ಕರ್ನಾಟಕ ಪ್ರೌಢ ಶಿಕ್ಷಣ ಪರೀಕ್ಷಾ ಮಂಡಳಿ
Karnataka Secondary Education Examination Board



ಈ ಕೆಳಗೆ ನಮೂದಿಸಿದ ಅಭ್ಯರ್ಥಿಯು ಎಸ್.ಎಸ್.ಎಲ್.ಸಿ. ಪರೀಕ್ಷೆಯಲ್ಲಿ ಕೆಳಗಿನ ವಿವರಗಳೊಂದಿಗೆ ತೇರ್ಗಡೆಯಾಗಿದ್ದಾನೆ/ದ್ದಾಳೆ ಎಂದು ಪ್ರಮಾಣೀಕರಿಸಲಾಗಿದೆ.
This is to certify that the Candidate mentioned below has PASSED S.S.L.C. Examination with the following details.

ನೋಂದಣಿ ಸಂಖ್ಯೆ
Register No. : 20120154611 ತಿಂಗಳು/ವರ್ಷ
Month/Year : APRIL-2012 ಶಿಕ್ಷಣ ಮಾಧ್ಯಮ Medium of Instruction
KANNADA

ಹೆಸರು Name
SAVITHA

ತಾಯಿಯ ಹೆಸರು Mother's Name
USHA

ತಂದೆಯ ಹೆಸರು Father's Name
DURYODHANA

ಜನ್ಮ ದಿನಾಂಕ
Date of Birth 08-08-1995 EIGHTH AUGUST NINETEEN NINETY FIVE

ವಿಷಯಗಳು SUBJECTS	ಅಂಕಗಳು MARKS		ಪಡೆದ ಅಂಕಗಳು MARKS OBTAINED	ಪಡೆದ ದರ್ಜೆ(ಶ್ರೇಣಿ) CLASS OBTAINED
	ಗರಿಷ್ಠ MAX.	ಕನಿಷ್ಠ MIN.		
ಪ್ರಥಮ ಭಾಷೆ/ FIRST LANGUAGE : KANNADA	125	44	83	✦ ದ್ವಿತೀಯಾಂಶ 85 ಮತ್ತು ಅದಕ್ಕಿಂತ ಮೇಲ್ಪಟ್ಟು ✦ ಪ್ರಥಮ ದರ್ಜೆ 80 ಮತ್ತು ಅದಕ್ಕಿಂತ ಮೇಲ್ಪಟ್ಟು ಮತ್ತು 85 ರ ಒಳಗೆ ✦ ದ್ವಿತೀಯಾಂಶ 75 ಮತ್ತು ಮೇಲ್ಪಟ್ಟು ಮತ್ತು 80 ರ ಒಳಗೆ ✦ ಒಂದೇ ಬಾರಿಗೆ ಕೇಂದ್ರ ಅಥವಾ ಮೇಲೆ ಮಾಡುವುದಿಲ್ಲ. - ಪರೀಕ್ಷೆಯಲ್ಲಿ ಉತ್ತೀರ್ಣರಾಗಿ - ಪ್ರತಿ ವಿಷಯದಲ್ಲಿ ಕನಿಷ್ಠ 30 ಅಂಕಗಳು ಮತ್ತು ಒಟ್ಟಿನಲ್ಲಿ ಕನಿಷ್ಠ 35 ಅಂಕಗಳು. * DISTINCTION : 85% AND ABOVE * FIRST CLASS : 80% AND ABOVE BUT BELOW 85% * SECOND CLASS : 75% AND ABOVE BUT BELOW 80% * CLASS IS DECLARED FOR THOSE WHO PASS IN FIRST ATTEMPT ONLY. - PASS IN EXAMINATION : 30% MIN. IN EACH SUBJECT AND 35% IN AGGREGATE
ದ್ವಿತೀಯ ಭಾಷೆ/ SECOND LANGUAGE : ENGLISH	100	35	38	
ತೃತೀಯ ಭಾಷೆ/ THIRD LANGUAGE : HINDI	100	35	72	
ಗಣಿತ/ MATHEMATICS	100	35	51	
ವಿಜ್ಞಾನ/ SCIENCE	100	35	51	
ಸಮಾಜ ವಿಜ್ಞಾನ/ SOCIAL SCIENCE	100	35	68	
ಒಟ್ಟು ಅಂಕಗಳು/ TOTAL MARKS	625	219	363	SECOND (58.08 %) RR0103

ಪಡೆದ ಒಟ್ಟು ಅಂಕಗಳು (ಅಕ್ಷರಗಳಲ್ಲಿ)
TOTAL MARKS OBTAINED (In words) :

THREE HUNDRED SIXTY THREE ONLY

ಶಾಲೆಯ ಹೆಸರು ಮತ್ತು ವಿಳಾಸ
NAME OF THE SCHOOL & ADDRESS :

R.S.V. HIGH SCHOOL

ANVI

ANCHUR DISTRICT - 584123

ತಾರೀಖು
DATE :

18.05.2012



(Signature)

ಕಾರ್ಯದರ್ಶಿಗಳು

ಕರ್ನಾಟಕ ಪ್ರೌಢ ಶಿಕ್ಷಣ ಪರೀಕ್ಷಾ ಮಂಡಳಿ

SECRETARY

KARNATAKA SECONDARY EDUCATION EXAMINATION BOARD
ಬೆಂಗಳೂರು BANGALORE