

**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 S H R E E

Middle Name

B H A D R A V A T H I

Last Name

J A Y A N A N A D A

B. Name (as per Aadhaar)

D H A N Y A S H R E E B J

2. Gender (select one)☐ Tick

Male

☒ Tick

Female

☐ Tick

Transgender

3. Date of Birth

1 3 0 8 2 0 0 8

4. Aadhaar Number

7 1 5 9 6 6 2 3 7 2 5 0

5. Residence Address

Flat/Door/Building

H A R A L A K A T T A

Road/Street/Block/Sector

H A R A L A K A T T A A T P O S T

Post Office

H A R A L A K A T T 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 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 4 8 1 9 2 5 2 5 8

(ii) Email ID

snsdmk0413@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

J A Y A N A N D A

Father's Middle Name

B H A D R A V A T H I

Father's Last Name

T H I M M A I A H

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]

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 and Representative Assessee

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

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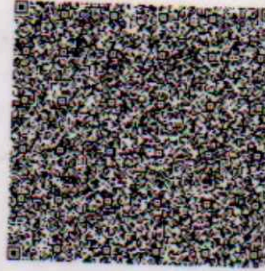
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Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 0804/16320/75660

To
ಧನ್ಯಶ್ರೀ ಬಿ ಜೆ
Dhanyashree B J
D/O: Jayananda B T
7
1ST MAIN ROAD
NEAR SRI ADISHAKTHI AMMANA TEMPLE
SANJEEVA NAGARA
Devarahalli
Shimoga Karnataka - 577301
9481925258

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ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

7159 6623 7250

VID : 9164 9333 7500 3270

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ಭಾರತ ಸರ್ಕಾರ
Government of India

Issue Date: 09/11/2013



ಧನ್ಯಶ್ರೀ ಬಿ ಜೆ
Dhanyashree B J
ಜನ್ಮ ದಿನಾಂಕ/DOB: 13/08/2008
ಸ್ತ್ರೀ/FEMALE

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