



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 H I V A K U M A R A

Middle Name

H A N U M A N A H A L L I

Last Name

K U M A R

## B. Name (as per Aadhaar)

S H I V A K U M A R A H K

## 2. Gender (select one)



Male



Female



Transgender

## 3. Date of Birth

1 9 0 7 2 0 0 8

## 4. Aadhaar Number

6 6 5 8 8 3 9 9 8 0 8 3

## 5. Residence Address

Flat/Door/Building

0 1

Road/Street/Block/Sector

H A N U M A N A H A L L I V I L L A G E , T

Post Office

B A N A V A R A

Area/Locality/Town/City

H A N U M A N A H A L L I

District

H A S S A N

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5 7 3 1 1 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 0 2 2 0 6 7 5 1 8

(ii) Email ID

ganesh123bvr@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

K U M A R A

Father's Middle Name

S O M A N A H A L L I

Father's Last Name

R A N G A N A T H A P P A

15. Name of parent to be printed on Permanent Account Number card (select one) ☒ Father ☐ Mother

|                                           |                  |   |   |   |              |   |   |
|-------------------------------------------|------------------|---|---|---|--------------|---|---|
| 16. <b>Assessing Officer</b><br>(AO Code) | (i) Area Code    | K | A | R | (ii) AO Type | W |   |
|                                           | (iii) Range Code | 3 | 2 | 1 | (iv) AO No.  | 9 | 2 |

[illegible]

|                                            |  |              |  |  |  |                |                 |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------------------------|--|--------------|--|--|--|----------------|-----------------|--|--|--|--|----------------|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>20. Representative Assessee Address</b> |  |              |  |  |  |                |                 |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |  |
| Flat/Door/Building                         |  |              |  |  |  |                |                 |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |  |
| Road/Street/Block/Sector                   |  |              |  |  |  |                |                 |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |  |
| Post Office                                |  |              |  |  |  |                |                 |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |  |
| Area/Locality/Town/City                    |  |              |  |  |  |                |                 |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |  |
| District                                   |  |              |  |  |  |                |                 |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |  |
| State/Union Territory                      |  |              |  |  |  | Country/Region |                 |  |  |  |  | PIN / ZIP CODE |  |  |  |  |  |  |  |  |  |  |  |  |
|                                            |  |              |  |  |  |                |                 |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>21. Contact Details</b>                 |  |              |  |  |  |                |                 |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |  |
| (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 of Representative Assessee

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

SHIVAKUMARA H K

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. HASSAN

Date. 16/09/2026



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

Name: \_\_\_\_\_ SHIVAKUMARA H K

Designation: \_\_\_\_\_ AUTHORIZED PERSON



भारत सरकार  
भारत सरकार



ಭಾರತ ಸರ್ಕಾರ  
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ  
Unique Identification Authority of India

ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No. : 0129/22298/34931

To

Shivakumara H K

ಶಿವಕುಮಾರ ಹೆಚ್ ಕೆ

S/O Kumara S R,

Hanumanahalli Village,

Thondiganahalli Post,

Banavara Hobli,

Arasikere Taluk, Hassan District,

VTC: Hanumanahalli, PO: Banavara,

Sub District: Arasikere, District: Hassan,

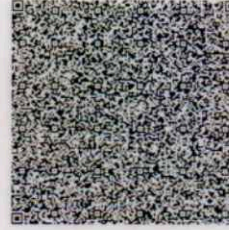
State: Karnataka, PIN Code: 573112.

Mobile: 9482548738

44576770



KC445767703FL



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

6658 8399 8083

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ಭಾರತ ಸರ್ಕಾರ  
Government of India



Issue Date: 02/07/2015



ಶಿವಕುಮಾರ ಹೆಚ್ ಕೆ

Shivakumara H K

ಜನ್ಮ ದಿನಾಂಕ / DOB: 19/07/2008

ಪುರುಷ / Male

6658 8399 8083

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

