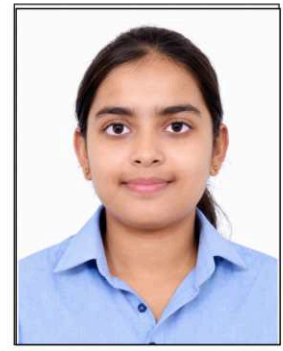
**FORM NO. 93****[See rule 158]****Application for Allotment of Permanent Account Number****[For an Individual being a Citizen of India]**

Sr. No.

PART A - Personal Information**1. A. Name**

First Name

B H U V A N E S H W A R I

Middle Name

D O D D A M E T I K U R K E

Last Name

R A V I K U M A R

B. Name (as per Aadhaar)

B H U V A N E S H W A R I D R

2. Gender (select one)☐ Tick

Male

☒ Tick

Female

☐ Tick

Transgender

3. Date of Birth

0 9 0 9 2 0 0 8

4. Aadhaar Number

6 8 0 2 1 3 3 7 9 0 8 6

5. Residence Address

Flat/Door/Building

4

Road/Street/Block/Sector

S H A S H I V A L A R O A D

Post Office

D O D D A M E T T I K U R K E

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 1 8 0 4 1 3 9 9 4

(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

R A V I K U M A R

Father's Middle Name

D O D D A M E T I K U R K E

Father's Last Name

M A R U L A P P A

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][illegible][illegible]

(i) Mobile Number	Country Code				Mobile Number									
(ii) Email ID														
(iii) Landline No. with STD Code (<i>if any</i>)	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

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

a. I, BHUVANESHWARI D R, 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...16/09/2026

Prüfung

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

Name: BHUVANESHWARI D R

Designation: **AUTHORIZED PERSON**



ಭಾರತ ಸರ್ಕಾರ

Government of India



Issue Date: 16/10/2013



ಬುವನೇಶ್ವರಿ ಡಿ ಆರ್

Bhuvaneshwari D R

ಹನ್ಮ ರಿಜಿಸ್ಟರ್ / DOB: 09/09/2008

ಸ್ತ್ರೀ / Female

6802 1337 9086

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತೀಯ ಏಕೀಕೃತ ಗುರುತು ಪ್ರಾಧಿಕಾರ

Unique Identification Authority of India



Print Date: 14/10/2023

ವಿಳಾಸ: D/O: ರವಿಕುಮಾರ್ ಡಿ ಎಮ್. 4, ಶಶಿವಾಲ ರೋಡ್,
ದೊಡ್ಡಮೆಟುರ್ಕು, ಹಾಸನ್, ಕರ್ನಾಟಕ, 573117

Address: D/O: Ravikumar D M, 4, Shashivala
Road, Doddametkurke, Hasan, Karnataka,
573117



6802 1337 9086



1947



help@uidai.gov.in



www.uidai.gov.in



24341302