

**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

M O H A

B. Name (as per Aadhaar)

M O H A

2. Gender (select one)☐ Tick

Male

☒ Tick

Female

☐ Tick

Transgender

3. Date of Birth

1

2

1

0

2

0

0

9

4. Aadhaar Number

3

0

0

9

0

1

3

5

1

1

8

6

5. Residence Address

Flat/Door/Building

C

/

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P

U

T

T

A

R

A

J

U

Road/Street/Block/Sector

K

A

D

A

L

U

Post Office

K

A

D

A

L

U

Area/Locality/Town/City

A

L

U

R

District

H

A

S

S

A

N

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

7

3

2

1

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

2

1

3

5

7

3

2

1

(ii) Email ID

vihaan9964@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

P

U

T

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A

R

A

J

U

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

18. Permanent Account Number (if any)

20. Representative Assessee Address	
Flat/Door/Building	C / O P U T T A R A J U
Road/Street/Block/Sector	K A D A L U
Post Office	A L U R
Area/Locality/Town/City	A L U R
District	H A S S A N
State/Union Territory	KARNATAKA
Country/Region	INDIA
PIN / ZIP CODE	5 7 3 2 1 3

(i) Mobile Number	Country Code	9 1	Mobile Number	7 3 2 1 3 5 7 3 2 1
(ii) Email ID	vihaan9964@gmail.com			
(iii) Landline No. with STD Code (<i>if any</i>)	STD Code		Landline Number	

22. Address for Communication (select one) ☐ Tick Residence Address ☒ Tick Representative Assessee Address ☐ Tick Office Address

23. Documents submitted as Proof of Identity, Proof of Address and Proof of Date of Birth of the Applicant

24. Documents submitted as Proof of Identity, Proof of Address of Representative Assessee

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

MEMORANDUM FOR THE RECORD DATE: 10/10/2014 TO: [REDACTED] FROM: [REDACTED] SUBJECT: [REDACTED]
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MOHA

a. I,, in the capacity of **REPRESENTATIVE ASSESSEE** (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. **19/09/2026**

ప్రశ్న

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

Name: MOHA

Designation: REPRESENTATIVE ASSESSEE



ಭಾರತೀಯ ವಿಶಿಷ್ಠ ಗುರುತು ಪ್ರಾಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ

Unique Identification Authority of India
Government of India

ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No.: 2017/91401/20618

25/07/2015

To
Moha
ಮೋಹ
D/O: Puttaraju
kadalu
Kadalu
Kadalu, Hassan
Karnataka - 573213



KH502591825FT

50259182



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

3009 0135 1186

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



ಭಾರತ ಸರ್ಕಾರ

Government of India



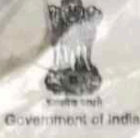
ಮೋಹ
Moha

ಜನ್ಮ ದಿನಾಂಕ / DOB: 12/10/2009
ಸ್ತ್ರೀ / Female

3009 0135 1186



ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



ಮಾಹಿತಿ

- ಆಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯೇ ಹೊರತು ಪೌರತ್ವದ್ದಲ್ಲ .
- 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,
ಪುಟ್ಟರಾಜು, ಕಡಲು, ಕಡಲು, ಕಡಲು, ಹಾಸನ
ಕರ್ನಾಟಕ, 573213

Address: D/O: Puttaraju,
kadalu, Kadalu, Kadalu,
Hassan, Alur, Karnataka,
573213

3009 0135 1186



www

ಕರ್ನಾಟಕ ಸರ್ಕಾರ
GOVERNMENT OF KARNATAKA

ಕರ್ನಾಟಕ ಶಾಲಾ ಪರೀಕ್ಷೆ ಮತ್ತು ಮೌಲ್ಯನಿರ್ಣಯ ಮಂಡಲಿ, ಬೆಂಗಳೂರು
Karnataka School Examination and Assessment Board, Bengaluru

ಲಂಕಪಟ್ಟಹಾಗೂ ಪ್ರಮಾಣ ಪತ್ರ / Marks Statement cum Certificate

ಈ ಕೆಳಗೆ ನಮೂದಿತ ಅಭ್ಯರ್ಥಿಯು ಎಸ್.ಎಸ್.ಎಲ್.ಸಿ. ಪರೀಕ್ಷೆಯಲ್ಲಿ ತೇರ್ಗಡೆಯಾಗಿದ್ದುದನ್ನು ಪ್ರಮಾಣೀಕರಿಸಿದೆ.
This is to certify that the below mentioned candidate has passed S.S.L.C. Examination.

ನೋಂದಣಿ ಸಂಖ್ಯೆ / Register No. : 20240183326

ವರ್ಷ / Year : 2024

ಶಿಕ್ಷಣ ಮಾಧ್ಯಮ / Medium of Instruction : ENGLISH

అభ్యర్థి పేరు / Candidate Type : CCE REGULAR FRESH

ಅಭ್ಯರ್ಥಿಯ ಹೆಸರು / Candidate's Name : MOHA

ತಂದೆಯ ಹೆಸರು / Father's Name : PUTTARAJU

ತಾಯಿಯ ಹೆಸರು / Mother's Name : GEETHA Y H

Date of Birth : 12-11-2009 TWELFTH - NOVEMBER - TWO THOUSAND NINE

બિંગ / GIRL
Gender :

ಭಾಗ - ಎ / PART - A

ಗಳಿಸಿದ ಒಟ್ಟು ಅಂಕಗಳು (ಅಕ್ಷರಗಳಲ್ಲಿ) / TOTAL MARKS OBTAINED (IN WORDS): THREE HUNDRED SEVENTY-TWO ONLY		Percentage / ಶೇಕಡಾವಾರು : (59.52%)
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ಭಾಗ - ಬ / PART - B

ಕ್ರ. ಸಂ./ Sl. No.	ಸಹ ಶೈಕ್ಷಣಿಕ ವಿಷಯಗಳು / CO-SCHOLASTIC SUBJECTS	ಶ್ರೇಣಿ / GRADE
1.	ದೈಹಿಕ ಮತ್ತು ಆರೋಗ್ಯ ಶಿಕ್ಷಣ / PHYSICAL & HEALTH EDUCATION	A
3.	ಕಾರ್ಯಾನುಭವ / WORK EXPERIENCE	A

[illegible]

ಶಾಲಾ ಸಂಕೇತ / SCHOOL CODE : AN0964

ಶಾಲಾ ಹೆಸರು ಮತ್ತು ವಿಳಾಸ / SCHOOL NAME AND ADDRESS :

NEW OXFORD PUBLIC HIGH SCHOOL

NO.4/1, GANGONDANAHALLI, DASANAPURA HOBLI, BENGALURU
NORTH TQ, BENGALURU

Maryanne

ಅಧ್ಯಕ್ಷರು

Chairperson

24010268

