

Sushma D.N



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 U S H M A

Middle Name

D O D D A H A R A N A H A L L I

Last Name

N I N G A R A J E G O W D A

B. Name (as per Aadhaar)

S U S H M A

D N

2. Gender (select one)

Tick

Male

Tick

Female

Tick

Transgender

3. Date of Birth

1 9

0 2

2 0

0 6

4. Aadhaar Number

2 7

5 4

0 8

9 3

4 7

8 6

5. Residence Address

Flat/Door/Building

C / O

N I N G A R A J E G O W D A

Road/Street/Block/Sector

K R

P E T

T A L U K ,

S A R I T H E B A

Post Office

Area/Locality/Town/City

D O D D A G A N A H A L L I

District

M A N D Y A

State/Union Territory

K A R N A T A K A

Country/Region

I N D I A

PIN / ZIP CODE

5 7

1 4

3 6

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

8 9

7 0

0 5

3 9

7 0

(ii) Email ID

cyberspot2018@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

N I N G A R A J E G O W D A

14. Mother's First Name	
Mother's Middle Name	
Mother's Last Name	R A T H I N 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 3 2 1 (iv) AO No. 9 3

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

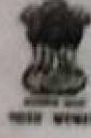
SUSHMA D N
a. I, SUSHMA D N, in the capacity of SELF (Self/ Representative Assessee) do hereby declare that what is stated above is true to the best of my knowledge and belief.
b. I declare that the applicant does not possess Permanent Account Number and shall be liable for legal consequences under Income-Tax Act, 2025 if this declaration is found to be incorrect
Place. MANDYA
Date. 19/09/2026

Sushma D.N

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

Name: SUSHMA D N

Designation: AUTHORIZED PERSON



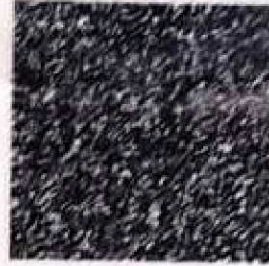
ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ಸೋದರಿ ಸಂಖ್ಯೆ / Enrolment No.: 0648/17910/02855

To
ಸುಷ್ಮಾ ಡಿ ಎನ್
Sushma D N
D/O Ningarajegowda
k r pet taluku
santhebachahalli hobali
Doddaharanahalli
Mandya Karnataka - 571436
8970053970

Signature valid



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

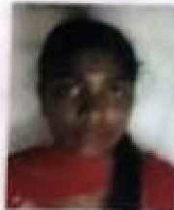
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Government of India



ಸುಷ್ಮಾ ಡಿ ಎನ್
Sushma D N
ಹುಟ್ಟು ದಿನಾಂಕ/DOB: 19/02/2006
ಪ್ರ FEMALE

Issued Date: 25/07/2015

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VID : 9185 2900 4058 0916

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2021.12.04