



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

S A N J A N A

B. Name (as per Aadhaar)

S A N J A N A

2. Gender (select one)

☐

Male

☒

Female

☐

Transgender

3. Date of Birth

0

3

0

9

2

0

0

8

4. Aadhaar Number

5

5

5

7

4

4

2

5

1

8

7

6

5. Residence Address

Flat/Door/Building

A

N

K

U

S

H

A

P

U

R

A

G

R

A

M

A

Road/Street/Block/Sector

B

A

S

A

R

A

L

U

H

O

B

A

L

I

Post Office

B

E

N

N

A

H

A

T

T

I

P

O

S

T

Area/Locality/Town/City

M

A

N

D

Y

A

District

M

A

N

D

Y

A

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

7

1

4

1

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)

☒

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

1

4

1

6

5

7

1

4

1

(ii) Email ID

bas571416@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

Father's Middle Name

Father's Last Name

K

R

I

S

H

N

E

G

O

W

D

A

14. Mother's First Name	
Mother's Middle Name	
Mother's Last Name	M A N J U L 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

SANJANA

SELF

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. MANDYA

Date...19/09/2026

Sanjana

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

Name: SANJANA

Designation: AUTHORIZED PERSON



ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 0657/10198/00679

To
ಸಂಜನಾ
Sanjana
D/O: Krishnegowda
ankusapura grama bennatti poat mandya tq
Ankushapura
Mandya Karnataka - 571416
6361083133

Signature
e-vald
UTC



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

5557 4425 1876

VID : 9110 7865 4523 4485

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ಭಾರತ ಸರ್ಕಾರ
Government of India



ಸಂಜನಾ
Sanjana
ಜನನ ದಿನಾಂಕ/DOB: 03/09/2008
FEMALE

Issue Date: 18/01/2018

5557 4425 1876

VID : 9110 7865 4523 4485

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