

**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

N E E E L A N A H A L L I

Middle Name

S R E E N I V A S A N

Last Name

S H R U T H I

B. Name (as per Aadhaar)

N

S

S

H

R

U

T

H

I

2. Gender (select one)☐ Tick

Male

☒ Tick

Female

☐ Tick

Transgender

3. Date of Birth

1

6

1

2

2

0

0

7

4. Aadhaar Number

9

4

2

4

0

5

4

4

2

2

3

0

5. Residence Address

Flat/Door/Building

K A S H Y A P A N O

4

9

5

Road/Street/Block/Sector

S A D S A S H I V A N A G A R A L A Y O U T

Post Office

T E J U R

P O S T

Area/Locality/Town/City

S A D S A S H I V A N A G A R A L A Y O U T

District

H A S S A N

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

7

3

2

1

9

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

8

2

9

7

0

2

4

0

4

(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

S R E E N I V A S A N

Father's Middle Name

N E E L A N A H A L L I

Father's Last Name

S U B B A R A O

14. Mother's First Name	D	E	V	A	R	A	I	A	H											
Mother's Middle Name																				
Mother's Last Name	S	H	A	N	T	H	A	M	A	N	I									

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	2

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

N S SHRUTHI

a. I, N S SHRUTHI, 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. 23/09/2026

N S Shoudthi

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

Name: N S SHRUTHI

Designation: AUTHORIZED PERSON



सत्यमेव जयते
भारत सरकार



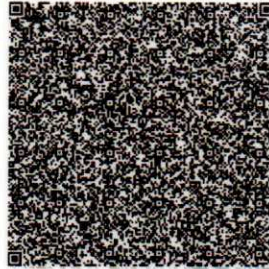
ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 0000/00712/69916

To
ಎನ್ ಎಸ್ ಶ್ರುತಿ
N S Shruthi
D/o SREENIVASAN N S,
KASHYAPA NO 495,
SADASHIVANAGARA LAYOUT,
CHIKKAKONDAGULA,
TEJURU ROAD,
VTC: Vidyanagar (Hassan),
PO: Vidyanagar (hassan),
District: Hassan,
State: Karnataka,
PIN Code: 573202,
Mobile: 7829702404

Signature valid



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

9424 0544 2230

VID : 9145 5599 9388 1184

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India

Aadhaar no. issued: 30/12/2013



ಎನ್ ಎಸ್ ಶ್ರುತಿ
N S Shruthi
ಜನ್ಮ ದಿನಾಂಕ/DOB: 16/12/2007
ಸ್ತ್ರೀ/FEMALE

ಆಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯಾಗಿದೆ, ಪೌರತ್ವ ಅಥವಾ ಜನ್ಮ ದಿನಾಂಕದ ಪುರಾವೆ ಅಲ್ಲ. ಇದನ್ನು ಆನ್‌ಲೈನ್ ದೃಢೀಕರಣ ಅಥವಾ QR ಕೋಡ್ / ಆಫ್‌ಲೈನ್ XML ಸ್ಕ್ಯಾನಿಂಗ್‌ನೊಂದಿಗೆ ಮಾತ್ರ ಬಳಸಬೇಕು.

Aadhaar is proof of identity, not of citizenship or date of birth. It should be used only with verification (online authentication or scanning of QR code / offline XML)

9424 0544 2230

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ನಂ.
No.

ಕರ್ನಾಟಕ ಸರ್ಕಾರ
GOVERNMENT OF KARNATAKA

ಸಮೂಹ - 5
Form - 5



ಜನನ ಮತ್ತು ಮರಣಗಳ ಮುಖ್ಯ ರಿಜಿಸ್ಟ್ರಾರರು
CHIEF REGISTRAR OF BIRTHS AND DEATHS
BIRTH CERTIFICATE



ಜನನ ಪ್ರಮಾಣ ಪತ್ರ

(ಜ.ಮ.ನೋ. ಅಧಿನಿಯಮ, 1969 ರ 12/17 ನೆಯ ಪ್ರಕರಣ ಹಾಗೂ ಕ.ಜ.ಮ.ನೋ. ನಿಯಮಗಳು, 1999 ರ ನಿಯಮ 8/13 ರ ಮೇರೆಗೆ ಕೊಡಲಾದ)
(Issued Under Section 12 / 17 of the RBD Act, 1969 and Rule 8 / 13 of the KRBD Rules, 1999)

ಹಾಸನ ಕಂಡ ವಿವರಣೆಯನ್ನು ಕರ್ನಾಟಕ ರಾಜ್ಯದ.....ಜಿಲ್ಲೆಯ.....
ತಾಲ್ಲೂಕಿನ.....(ಗ್ರಾಮ / ಪಟ್ಟಣ) ದ ರಿಜಿಸ್ಟ್ರಾರನಲ್ಲಿರುವ ಜನನ ಸಂಬಂಧವಾದ ಮೂಲ ದಾಖಲೆಯಿಂದ
ತೆಗೆದುಕೊಳ್ಳಲಾಗಿದೆಯೆಂದು ಪ್ರಮಾಣೀಕರಿಸಲಾಗಿದೆ.

This is to certify that the following information has been taken from HASSAN
record of birth which is the register for.....(village / town)
Hassan
of.....taluk of.....district of Karnataka State.

- | | |
|---|--|
| (1) ಹೆಸರು
Name..... | (2) ಲಿಂಗ
Sex..... |
| (3) ಜನನವಾದ ತಾರೀಖು
Date of Birth..... | (4) ಜನಿಸಿದ ಸ್ಥಳ
Place of Birth..... |
| (5) ತಾಯಿಯ ಹೆಸರು
Name of Mother..... | (6) ತಂದೆಯ ಹೆಸರು
Name of Father..... |
| (7) ಮಗುವಿನ ಜನನದ ಸಮಯದಲ್ಲಿ ತಂದೆತಾಯಿಯರ ವಿಳಾಸ :
Address of parents at the time of birth of the child : | (8) ತಂದೆತಾಯಿಯರ ಖಾಯಂ ವಿಳಾಸ :
Permanent address of parents : |
| ***** | |
| 8th Cross, 3rd Main, 3rd Lane, Shanthi Nagar, Hassan,
Hassan(D), KARNATAKA | |
| (9) ನೋಂದಣಿ ಸಂಖ್ಯೆ :
Registration No. : | (10) ನೋಂದಣಿಯಾದ ದಿನಾಂಕ :
Date of Registration..... |
| (11) ಷರಾ (ಯಾವುದಾದರೂ ಇದ್ದಲ್ಲಿ)
Remarks (if any) | (12) ಪ್ರಮಾಣಪತ್ರ ನೀಡಿದ ದಿನಾಂಕ :
Date of Issue..... |
| (13) ಪ್ರಮಾಣ ಪತ್ರ ಕೊಡುವ ಪ್ರಾಧಿಕಾರಿಯ ಸಹಿ
Signature of Issuing Authority | (14) ಪ್ರಮಾಣ ಪತ್ರ ಕೊಡುವ ಪ್ರಾಧಿಕಾರಿಯ ವಿಳಾಸ :
Address of the Issuing Authority |

Dr. Shoban K.
Registrar of Births & Death
City Municipality, Hassan

ಮೊಹರು / Seal

"ಪ್ರತಿಯೊಂದು ಜನನ ಮತ್ತು ಮರಣದ ನೋಂದಣಿಯನ್ನು ಖಚಿತಪಡಿಸಿಕೊಳ್ಳಿ"
"Ensure registration of every birth and death"