

**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

A M R U T H A

Middle Name

M U G G A N A

H A L L I

Last Name

R A N G A N A

T H A

B. Name (as per Aadhaar)

A M R U T H A

M R

2. Gender (select one)☐ Tick

Male

☒ Tick

Female

☐ Tick

Transgender

3. Date of Birth

2 7

0 9

2 0

0 5

4. Aadhaar Number

8 7

0 7

4 9

6 6

4 4

3 2

5. Residence Address

Flat/Door/Building

M U G G A N A

H A L L I

Road/Street/Block/Sector

T E J U R

Post Office

T E J U R

Area/Locality/Town/City

M U G G A N A

L L I

T E J U R

District

H A S S A N

State/Union Territory

KARNATAKA

Country/Region

I N D I A

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

8 7

4 6

9 0

9 7

8 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

Father's Middle Name

Father's Last Name

R A N G A N A

T H A

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

AMRUTHA M R

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. HASSAN

Date. 23/09/2026

Amrutha m. r.

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

Name: AMRUTHA M R

Designation: AUTHORIZED PERSON



ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No. : 2086/15109/08819

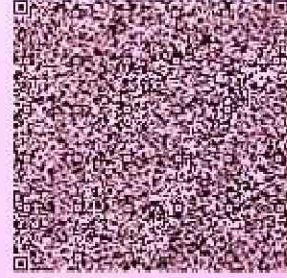
01/07/2013

To
Amrutha M R
ಅಮೃತ ಎಮ್ ಆರ್
D/O: Ranganatha,
MUGGANALLI,
VTC: Tejur, PO: Tejur,
Sub District: Alur, District: Hassan,
State: Karnataka, PIN Code: 573219,
Mobile: 8746909784

01458714



KF014587144FI



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

8707 4966 4432

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



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Government of India



ಅಮೃತ ಎಮ್ ಆರ್
Amrutha M R
ಜನ್ಮ ದಿನಾಂಕ / DOB: 27/09/2005
ಸ್ತ್ರೀ / Female

8707 4966 4432

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

01/07/2013



Indian Union Driving Licence
Issued by Transport Department, Government of KARNATAKA



KA13 20260004904

Issue Date Validity(NT) Validity (TR)[#]
29-06-2026 26-09-2045



Amrutha

Holder's Signature

Date of First Issue (29-06-2026)



Name: AMRUTHA M R

Date of Birth: 27-09-2005 Blood Group: Organ Donor: N

Son / Daughter / Wife of: RANGANATHA

Address: MUGGANALLI TEJUR TEJUR ALUR HASSAN KARNATAKA 573
219

DL No : KA13 20260004904

Invalid Carriages (Regn. Numbers)[#]Hazardous Validity[#] Hill Validity[#]

Class of Vehicle	Code	Issued by	Date of Issue	Vehicle Category	Badge [#] Number	Badge [#] Issued Date	Badge [#] Issued by
	MCWOG	KA13	29-06-2026	NT			
	LMV	KA13	29-06-2026	NT			

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority
HASSAN RTO