

**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

V A R I J A

B. Name (as per Aadhaar)

V A R I J A

2. Gender (select one)☐ Tick

Male

☒ Tick

Female

☐ Tick

Transgender

3. Date of Birth

0

1

0

1

1

9

8

6

4. Aadhaar Number

8

2

9

1

9

3

5

5

0

7

2

2

5. Residence Address

Flat/Door/Building

C

/

O

M

O

H

A

N

Road/Street/Block/Sector

Post Office

Area/Locality/Town/City

K

U

M

B

A

R

A

H

A

L

L

I

District

H

A

S

S

A

N

State/Union Territory

KARNATAKA

Country/Region

I N D I A

PIN / ZIP CODE

5

7

3

1

3

7

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

1

3

7

5

7

3

1

3

(ii) Email ID

bhaskarkhk1@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

M

O

H

A

N

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

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

[illegible]

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

☒ (i) Proof of Identity ☒ (ii) Proof of Address ☒ (iii) Proof of Date of Birth

☐ Tick (i) Proof of Identity ☐ Tick (ii) Proof of Address

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..28/09/2026

enow

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

Name: VARIJA

Designation: **AUTHORIZED PERSON**



ಭಾರತ ಸರ್ಕಾರ
Government of India



ವಾರಿಜ
Varija*
ಜನ್ಮ ದಿನಾಂಕ / DOB : 01/01/1986
ಸ್ತ್ರೀ / Female



8291 9355 0722

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ವಿಳಾಸ:
W/O: ಮಂಜುನಾಥ ಕೆ ಆರ್. ಕುಂಬ್ರಹಳ್ಳಿ,
ಕುಂಬಾರಹಳ್ಳಿ, ಹಾಸನ, ಸಕಲೇಶಪುರ,
ಕರ್ನಾಟಕ, 573137

Address:
W/O: Manjunatha K R,
Kumbarahalli, Kumbarahalli,
Hassan, Sakleshpur, Karnataka,
573137

8291 9355 0722

1947
1800 500 1947

help@uidai.gov.in

www.uidai.gov

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ELECTION COMMISSION OF INDIA

XKW6189393



ಹೆಸರು : ವಾರಿಜಾ
Name : Varija
ಗಂಡನ ಹೆಸರು : ಮಂಜುನಾಥ ಕೆ ರ್
Husband Name : Manjunatha K R
ಲಿಂಗ / Gender : ಮಹಿಳೆ / Female
Date of Birth / Age : 01/01/1986



e-Electors Photo Identity Card - ಇ-ಮತದಾರ ಭಾವಚಿತ್ರವಿರುವ ಗುರುತಿನ ಚೀಟಿ



ವಿಳಾಸ : ಕುಂಬರಹಳ್ಳಿ
ಸಕಲೇಶಪುರ - ತಾಲ್ಲೂಕು, ಹಾಸನ,
ಕರ್ನಾಟಕ - 573137
Address: Kumbarahalli
Sakaleshapura Taluk, Hassan,
Karnataka - 573137



ಮತದಾರರ ನೋಂದಾಣಾಧಿಕಾರಿ, ಸಕಲೇಶಪುರ(ಪರಿಶಿಷ್ಟ ಜಾತಿ)
Electoral Registration Officer, Sakaleshapur(SC)
Download Date : 07-03-2025

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XKW6189393

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