



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

D Y A V A L A P U R A

Middle Name

K U M A R A

Last Name

V I L A S A

B. Name (as per Aadhaar)

D K V I L A S A

2. Gender (select one)



Male



Female



Transgender

3. Date of Birth

1 7

0 9

2 0 0 6

4. Aadhaar Number

7 7 2 8 2 1 5 1 2 4 7 4

5. Residence Address

Flat/Door/Building

0 1 2

Road/Street/Block/Sector

N I T U R U V I L L A G E A N D P O S T

Post Office

S A L A G A M E H O B L I

Area/Locality/Town/City

N I T U R U

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)



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

6 3 6 6 5 0 7 6 3 2

(ii) Email ID

shivanidigitalseva@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 U M A R A

14. Mother's First Name	
Mother's Middle Name	
Mother's Last Name	L A K S H M A M M 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 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

D K VILASA

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. 29/09/2026



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

Name: D K VILASA

Designation: AUTHORIZED PERSON



ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ / Enrolment No.: 4050/50020/01563

To
ಡಿ ಕೆ ವಿಲಾಸ
D K Vilasa
S/O Kumara
Nitturu Village and Post
Salagame Hobli
Hassan taluk and District
Nittur
Hassan Karnataka - 573219
6366507632

Signature valid



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

7728 2151 2474

VID : 9114 8908 6109 4256

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India

Issue Date: 18/09/2013



ಡಿ ಕೆ ವಿಲಾಸ
D K Vilasa
ಜನ್ಮ ದಿನಾಂಕ/DOB: 17/09/2006
ಪುರುಷ / MALE

7728 2151 2474

VID : 9114 8908 6109 4256

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ST. JOSEPH'S HIGHER PRY. SCHOOL,
HASSAN - 573 201.

14/2018-19

VILAS . D.K.

HINDU

Vokkna Lige

KUMAR

LAKSHMANNA

} No

10. Whether qualified for Promotion to a higher standard

yes Qualified

17-09-2006

Seventeenth of September
Two thousand six

Seventh standard

18. Scholarships if any (nature and period to be specified) _____

19. Whether medically examined or not

4e9

20. Date of pupil's last attendance at School 10-04-2019

Kannada

21. Date on which application for the transfer certificate was received 11-04-2019

10-04-2018

22. Date of issue of the Transfer Certificate 23-04-2019

2408

23. Number of school days
up to the date of leaving 239

24. Number of school days the pupil attended	214
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17. Fee concessions, if any (nature and period to be specified)

25. Character and Conduct. *Good*

ಸರ್ಕಾರಿ ಪ್ರೌಢಶಾಲೆ 05/07/2028