



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

P R U T H V I

Middle Name

H A D L A L L I

Last Name

C H A N D R A S H E K H A R

B. Name (as per Aadhaar)

P R U T H V I

H C

2. Gender (select one)

☐ Tick

Male

☒ Tick

Female

☐ Tick

Transgender

3. Date of Birth

2 0

0 4

1/

9 9

2

4. Aadhaar Number

4 5

4 7

9 1

4 2

1 6

0 2

5. Residence Address

Flat/Door/Building

V A D U R U

Road/Street/Block/Sector

K U N I G A N A H A L L I

Post Office

Area/Locality/Town/City

S A K A L E S H P U R A

District

H A S S A N

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5 7

3 2

1 4

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

2 1

4 5

7 3

2 1

(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

C H A N D R A S H E K H A R

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, PRUTHVI H C, 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..05/10/2026

Forwathi H.C

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

Name: PRUTHVI H C

Designation: **AUTHORIZED PERSON**


ಭಾರತ ಸರ್ಕಾರ
Government of India


ಪ್ರಥ್ವಿ ಹೆಚ್ ಸಿ
Pruthvi H C
ಜನ್ಮ ದಿನಾಂಕ / DOB : 20/04/1992
ಸ್ತ್ರೀ / Female



4547 9142 1602

ಅಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ


ಅಧಾರ್
Unique Identification Authority of India

ವಿಳಾಸ:
W/O: ಸುಬ್ರಮಣ್ಯ ಹೆಚ್ ಆರ್, ವಡೂರು
ಸಕಾಲ್ಪುರ ತಾಲ್ಲೂಕು, ವಡೂರು,
ಕುನಿಗನಹಳ್ಳಿ, ಹಾಸನ, ಸಕಾಲ್ಪುರ,
ಕರ್ನಾಟಕ, 573214

Address:
W/O: Subramanya H R, vaduru
sakaleshpura Taluk, Vadaru,
Kuniganahalli, Hesana,
Sakaleshpura, Karnataka, 573214

4547 9142 1602


1947
1800 300 1947


help@uidai.gov.in


www.uidai.gov.in

ಭಾರತ ಚುನಾವಣಾ ಆಯೋಗ
ಗುರುತಿನ ಚೀಟಿ
ELECTION COMMISSION OF INDIA
IDENTITY CARD

XKW5683859



ಮತದಾರರ ಹೆಸರು : ಪ್ರಥಿ.ಹೆಚ್.ಸಿ

Elector's Name : Pruthvi.H.C

ಗಂಡನ ಹೆಸರು : ಸುಬ್ರಮಣ್ಯ

Husband's Name: Subramanya

ಲಿಂಗ / Sex : ಮಹಿಳೆ/ Female

ಜನ್ಮದಿನಾಂಕ/Date of Birth : 20/04/1992

ವಿಳಾಸ / Address : XKW5683859

#0,ವಡೂರು,
ಸಕಲೇಶಪುರ ತಾಲ್ಲೂಕು,
HASSAN ಜಿಲ್ಲೆ - 573134.
#0,Vaduru,
Sakaleshpura Tq.,
HASSAN Dist - 573134.
Date: 24/03/2014

199 - ಸಕಲೇಶಪುರ ವಿಧಾನ ಸಭಾ ಕ್ಷೇತ್ರದ ಮತದಾರರ
ನೋಂದಣಾಧಿಕಾರಿಯವರ ಅಧಿಕೃತ ಸಹಿ
Facsimile Signature of Electoral Registration
Officer 199 - Sakaleshpur Assembly Constituency
ವಿಳಾಸ ಬದಲಾವಣೆಯಾಗಿದ್ದಲ್ಲಿ, ಬದಲಾದ ವಿಳಾಸದ ಮತದಾರರ
ಹೆಸರು, ವಿಷಯ ಹಾಗೂ ಸಂಖ್ಯೆಗಳು ಸೂಕ್ತ ಸಮೂಹದಲ್ಲಿ ಈ
ಗುರುತಿನ ಚೀಟಿಯ ಸಂಖ್ಯೆಯನ್ನು ನಮೂದಿಸಿ,
In case of change in address, mention this Card
No. in the relevant form for including your name in
the roll at the changed address.
201/0967