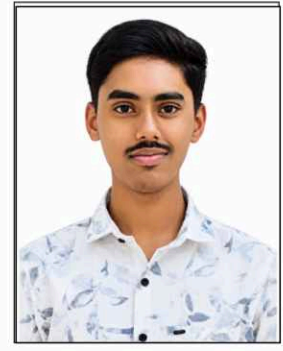




FORM NO. 93

[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

M O H A M M E D

Middle Name

Last Name

O W E Z

B. Name (as per Aadhaar)

M O H A M M E D O W E Z

2. Gender (select one)



Male



Female



Transgender

3. Date of Birth

0 4 0 2 2 0 0 8

4. Aadhaar Number

7 8 6 9 5 8 1 9 5 0 8 1

5. Residence Address

Flat/Door/Building

S I D D A I A H N A G A R A 2 N D C R O S

Road/Street/Block/Sector

S A N T H E P E T E , B M R O A D

Post Office

H A S S A N

Area/Locality/Town/City

H A S S A N

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 0 1

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

9 8 4 5 4 2 2 3 8 7

(ii) Email ID

Mdowez313@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

M O H A M M E D

Father's Middle Name

Father's Last Name

Y O U N U S

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

18. Permanent Account Number (if any)

--	--	--	--	--	--	--	--	--

19. Aadhaar Number (*if Permanent Account Number is not available*)

20. Representative Assessee Address

[illegible]

21. Contact Details

[illegible]

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

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

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

MOHAMMED OWEZ

MOHAMMED OWEZ **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 06/10/2026

Quiz

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

Name: MOHAMMED OWEZ

Designation: **AUTHORIZED PERSON**



ಭಾರತ ಸರ್ಕಾರ
Government of India

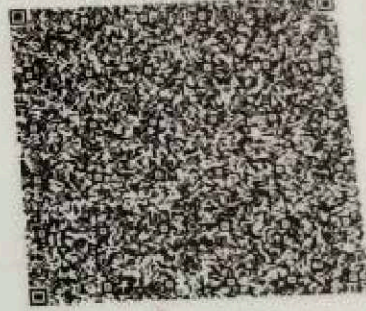
ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ಸೋದರಿ ಸಂಖ್ಯೆ/ Enrolment No.: 0707/10013/01228

To
ಮಹಮ್ಮದ್ ಉವೇಸ್
Mohammed Owez
S/O: Mohammed Younus
siddalah nagara 2nd cross ,Santhepete,b m road
Hassan
Hasan Karnataka - 573201
9845422387

Signature valid

Digitally signed by
UNIQUE IDENTIFICATION
AUTHORITY OF INDIA 03
Date: 2023.11.13 13:13:54
UTC



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

7869 5819 5081

VID : 9147 7072 1500 5822

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ಭಾರತ ಸರ್ಕಾರ
Government of India



ಮಹಮ್ಮದ್ ಉವೇಸ್
Mohammed Owez
ಜನ್ಮ ದಿನಾಂಕ/DOB: 04/02/2008
ಪುರುಷ/ MALE

Issue Date: 19/11/2013

7869 5819 5081

VID : 9147 7072 1500 5822

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