



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

K U B E R A

Middle Name

H A N G U R U B A R A H A T T I

Last Name

M Y L A R A P P A

B. Name (as per Aadhaar)

K U B E R A

H M

2. Gender (select one)

☒ Male

☐ Female

☐ Transgender

3. Date of Birth

0 2

0 7

2 0 0 7

4. Aadhaar Number

3 0 0 5 4 2 5 1 2 1 4 8

5. Residence Address

Flat/Door/Building

0 1

Road/Street/Block/Sector

H A N G U R U B A R A H A T T I

Post Office

T H O N D I G A N A H A L L I

Area/Locality/Town/City

A R S I K E R E

District

H A S S A N

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5 7 3 1 1 2

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

8 9 5 1 0 2 6 5 7 1

(ii) Email ID

ganesh123bvr@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

M Y L A R A P P A

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
(iii) Range Code	3	2	1

(ii) AO Type	W	
(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

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

a. I, KUBERA H M, 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..07/10/2026



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

Name: KUBERA H M

Designation: **AUTHORIZED PERSON**



भारत सरकार
भारत सरकार



ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 2825/07511/04169

To
ಕುಬೇರ ಹೆಚ್ ಎಮ್
Kubera H M
S/O: Mailarappa
hangurabarahatti
Thondiganahalli
Hassan Karnataka - 573112
9141019799

Signature valid

Digitally signed by
UNIQUE IDENTIFICATION
AUTHORITY OF INDIA QS
Date: 2023.05.05 07:55:43
UTC



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

3005 4251 2148

VID : 9145 7314 3541 6592

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ಭಾರತ ಸರ್ಕಾರ
Government of India

Issue Date: 16/01/2016



ಕುಬೇರ ಹೆಚ್ ಎಮ್
Kubera H M
ಜನ್ಮ ದಿನಾಂಕ/DOB: 02/07/2007
ಪುರುಷ/ MALE

3005 4251 2148

VID : 9145 7314 3541 6592

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