

**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

R

A

S

H

M

I

Middle Name

H

A

R

I

J

A

N

A

Last Name

S

H

A

N

K

A

R

A

B. Name (as per Aadhaar)

R

A

S

H

M

I

H

S

2. Gender (select one)☐ Tick

Male

☒ Tick

Female

☐ Tick

Transgender

3. Date of Birth

3

0

0

9

2

0

0

8

4. Aadhaar Number

3

1

5

1

3

5

7

0

8

8

3

6

5. Residence Address

Flat/Door/Building

C

/

O

S

H

A

N

K

A

R

A

M

A

I

Road/Street/Block/Sector

K

A

T

A

K

E

R

I

Post Office

T

H

A

L

A

T

H

M

A

N

E

Area/Locality/Town/City

M

A

D

E

District

K

O

D

A

G

U

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

7

1

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)☒ 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

8

7

6

2

5

8

5

0

9

8

(ii) Email ID

afreedmh1997@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

S

H

A

N

K

A

R

A

Father's Middle Name

Father's Last Name

R

A

M

A

I

A

H

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

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

a. I, RASHMI H S, 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. KODAGU

Date...07/10/2026

Rashmita

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

Name: RASHMI H S

Designation: **AUTHORIZED PERSON**



सत्यमेव जयते
भारत सरकार



ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No. : 0657/05171/44708

To

Rashmi.H.S

ರಶ್ಮಿ.ಎಚ್.ಎಸ್

S/O: Shankara,

katakeri,

VTC: Made, PO: Thalathmane,

Sub District: Madikeri, District: Kodagu,

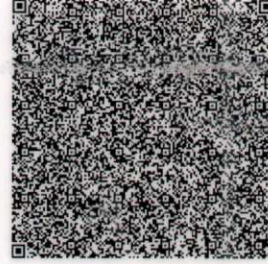
State: Karnataka, PIN Code: 571201,

Mobile: 8762585098

86776080



KF867760800FI



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

3151 3570 8836

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India



Issue Date: 27/05/2015



ರಶ್ಮಿ.ಎಚ್.ಎಸ್

Rashmi.H.S

ಜನ್ಮ ದಿನಾಂಕ / DOB: 30/09/2008

ಸ್ತ್ರೀ / Female

3151 3570 8836

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



Chairperson