

**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

Middle Name

Last Name

S

A

R

O

J

I

N

I

B. Name (as per Aadhaar)

S

A

R

O

J

I

N

I

2. Gender (select one)☐

Male

☒

Female

☐

Transgender

3. Date of Birth

0

1

0

6

1

9

6

2

4. Aadhaar Number

2

1

5

5

9

1

2

0

6

4

6

2

5. Residence Address

Flat/Door/Building

3

6

2

,

A

.

R

.

S

.

F

A

R

M

&

T

E

N

K

A

Y

Road/Street/Block/Sector

S

I

R

U

G

U

P

P

A

V

A

R

D

N

A

M

-

1

6

Post Office

S

I

R

U

G

U

P

P

A

Area/Locality/Town/City

S

I

R

U

G

U

P

P

A

District

B

A

L

L

A

R

I

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

8

3

1

2

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

8

2

7

7

3

5

5

1

8

8

(ii) Email ID

gayathridevid1996@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

R

A

M

A

Y

Y

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	(ii) AO Type	C	
	(iii) Range Code	4	2	1	(iv) AO No.	9	1

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

(i) Mobile Number	Country Code				Mobile Number										
(ii) Email ID															
(iii) Landline No. with STD Code (<i>if any</i>)	STD Code					Landline Number									

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

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

a. I,**SAROJINI**....., in the capacity of**HIMSELF**.....(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.**BALLARI**

Date..10/10/2026

Designation: **AUTHORIZED PERSON**