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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

R A K E S H A

B. Name (as per Aadhaar)

R A K E S H A

2. Gender (select one)



Male



Female



Transgender

3. Date of Birth

2

1

0

6

2

0

0

8

4. Aadhaar Number

7

5

3

1

3

8

8

4

9

7

2

1

5. Residence Address

Flat/Door/Building

7

N

D

W

A

R

D

M

A

N

E

S

A

N

K

H

Y

E

1

4

Road/Street/Block/Sector

B

H

O

V

I

C

O

L

O

N

Y

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

I N D I A

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

9

9

0

2

0

8

0

5

4

2

(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

H

U

L

U

G

A

P

P

A

14. Mother's First Name	
Mother's Middle Name	
Mother's Last Name	H U L I G E M M A

15. Name of parent to be printed on Permanent Account Number card (select one) ☒ Father ☐ Mother

PART D - Assessing Officer (AO Code)

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

PART E- Representative Assessee, if applicable

17. RA's First Name

RA's Middle Name

RA's Last Name

18. Permanent Account Number (if any)

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

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

21. Contact Details

(i) Mobile Number Country Code Mobile Number

(ii) Email ID

(iii) Landline No. with STD Code (if any) STD Code Landline Number

Part F: Communication Address

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

Part G: Declaration by Applicant or by Representative Assessee on behalf of the Applicant

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

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

Verification & Declaration

RAKESHA

a. I, RAKESHA, 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. BALLARI

Date. 12/10/2026

Rakesh

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

Name: RAKESHA

Designation: AUTHORIZED PERSON



ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

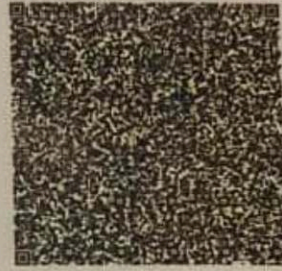
ನೋಂದಣಿ ಸಂಖ್ಯೆ Enrolment No.: 0129/22314/04120

Download Date: 09/11/2020
To
ರಾಕೇಶ
Rakesha
S/O: V Hulugappa
7nd ward mane sankhye 144
bhovi colony
Siruguppa
Siruguppa
Bellary Karnataka - 583121
9902080542

Issue Date: 04/11/2020

Signature valid

Digitally signed by
UNIQUE IDENTIFICATION
AUTHORITY OF INDIA SA
Date: 2020.11.12 06:29
IST



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

7531 3884 9721

VID : 9173 3099 2934 6045

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India



ರಾಕೇಶ
Rakesha
ಜನ್ಮ ದಿನಾಂಕ/DOB: 21/06/2008
ಪುರುಷ/ MALE

Download Date: 09/11/2020

Issue Date: 04/11/2020

7531 3884 9721

VID : 9173 3099 2934 6045

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

TC No. : 26091028021446
Academic year : 2025-2026

School Code : 29120809602

HPS AND HS CHAGI NARASAMMA NARASAIHA
10TH WARD PARVATHI NAGAR, OLD K.G. ROAD, SIRUGUPPA
SIRUGUPPA WARD 10 / , SIRUGUPPA / ಸಿರಗುಪ್ಪ, BALLARI / ಬಳ್ಳಾರಿ, KARNATAKA- 583121
SCHOOL TRANSFER CERTIFICATE

1. Admission No. / ಪ್ರವೇಶ ದಾಖಲಾತಿ ಸಂಖ್ಯೆ 56/2024-2025	14. Standard in which the student is studying at the time of leaving the School / ಶಾಲೆ ಬಿಡುವಾಗ ವಿದ್ಯಾರ್ಥಿ ಅನುಷ್ಠಿಸುತ್ತಿರುವ ತರಗತಿ Class 9
2. Cumulative Record No. / Enrollment No. / ಸಂಚಿತ ದಾಖಲಾತಿ ಸಂಖ್ಯೆ 126700199	15. Student opted Subjects / ಹೈಯರ್ ಗುಣಮಟ್ಟವನ್ನು ಕೆಳಗೆ ಸಂದರ್ಭದಲ್ಲಿ ಬರಿಸಿ a) Languages Studied / ಎ) ಅಧ್ಯಯನ ಮಾಡಿದ ಭಾಷೆ KANNADA, ENGLISH, HINDI b) Elective Studied / ಬಿ) ಆದ್ಯಯನ ಮಾಡಿದ ಐದನೇ ವಿಷಯಗಳು MATHEMATICS, SOCIAL SCIENCE, SCIENCE
3. Date of Admission To School/ಶಾಲೆಗೆ ದಾಖಲಾದ ದಿನಾಂಕ 01-Jun-2017	16. Medium of Instructions / ಬೋಧನ ಮಾಧ್ಯಮ English / ಇಂಗ್ಲಿಷ್
4. Name of the Student in full / ವಿದ್ಯಾರ್ಥಿಯ ಪೂರ್ಣ ಹೆಸರು RAKESHA	17. Whether the Student has paid all the fees due to School ? / ಶಾಲೆಗೆ ಭಾಕಿ ಇರುವ ಎಲ್ಲಾ ಶುಲ್ಕಗಳನ್ನು ವಿದ್ಯಾರ್ಥಿಯು ಪಾವತೆ ಮಾಡಿದ್ದಾನೆಯೇ? YES
5. Sex / ಲಿಂಗ Boy / ಪುರುಷ	18. Fee Concession. If any (Nature and period to be specified) / ಶುಲ್ಕ ವಿನಾಯಿತಿ ಯಾವುದಾದರೂ ಇದ್ದಲ್ಲಿ (ಸ್ವರೂಪ ಮತ್ತು ಅವಧಿಯನ್ನು ನಿರ್ದಿಷ್ಟಪಡಿಸತಕ್ಕದ್ದು.)
6. Nationality/ರಾಷ್ಟ್ರೀಯತೆ Indian/ಭಾರತೀಯ	19. Scholarship if any (Nature and period to be specified) / ವಿದ್ಯಾರ್ಥಿ ವೇತನ ಯಾವುದಾದರೂ ಇದ್ದಲ್ಲಿ (ಸ್ವರೂಪ ಮತ್ತು ಅವಧಿಯನ್ನು ನಿರ್ದಿಷ್ಟಪಡಿಸತಕ್ಕದ್ದು.)
7. Religion / ಧರ್ಮ Caste / Caste_kannada Hindu / ಹಿಂದು Bhoji /	20. Whether Medically Examined or not / ವೈದ್ಯಕೀಯ ಪರೀಕ್ಷೆ ಮಾಡಲಾಗಿದೆಯೇ / ಇಲ್ಲವೇ? YES
8. Name of the Father / ತಂದೆಯ ಹೆಸರು HULUGAPPA	21. Month of student last attendance at the School / ಶಾಲೆಗೆ ವಿದ್ಯಾರ್ಥಿಯು ಕಡೆಯ ಬಾರಿ ಹಾಜರಾಗಿದ್ದ ದಿನಾಂಕ/ ತಿಂಗಳು 10-Apr-2026
9. Name of the Mother / ತಾಯಿಯ ಹೆಸರು HULIGEMMA	22. Date on which the application for the Transfer Certificate was received / ಮಾರ್ಗವಳ ಪ್ರಮಾಣ ಪತ್ರಕ್ಕಾಗಿ ಅರ್ಜಿಯನ್ನು ಸ್ವೀಕರಿಸಿದ ದಿನಾಂಕ 08/06/2026
10. Whether the candidate belongs to Schedule Caste or Schedule Tribe ? / ವಿದ್ಯಾರ್ಥಿಯು ಪರಿಶಿಷ್ಟ ಜಾತಿ ಅಥವಾ ಪರಿಶಿಷ್ಟ ವರ್ಗಕ್ಕೆ ಸೇರಿದವನಾಗಿದ್ದಾನೆಯೇ SC / ಎಸ್ಸಿ /	23. Number of School Days up to the date of leaving in academic year / ಶಾಲೆ ಬಿಟ್ಟ ದಿನಾಂಕದವರೆಗಿನ ದಿನಗಳ ಸಂಖ್ಯೆ 239
11. Whether qualified for promotion to a Higher Standard ? / ಉನ್ನತ ಶಿಕ್ಷಣಕ್ಕಾಗಿ ಬರ್ರಿ ಹಡೆಯಲು ಅರ್ಹತೆ ಇದೆಯೇ? YES	24. Number of Total Days the student attended in academic year / ವಿದ್ಯಾರ್ಥಿಯು ಹಾಜರಾಗಿದ್ದ ಶಾಲೆಗಳ ದಿನಗಳ ಸಂಖ್ಯೆ 194
12. Student Date of Birth / ವಿದ್ಯಾರ್ಥಿಯ ಹುಟ್ಟಿದ ದಿನಾಂಕ (ಅಕ್ಷರಗಳಲ್ಲಿ) 25-JUN-2008	25. Character and Conduct / ನಡತೆ ಮತ್ತು ಚಾರಿತ್ರ್ಯ Satisfactory
13. District / ಜಿಲ್ಲೆ : BALLARI Local Body / ಸ್ಥಳೀಯ ಸಂಸ್ಥೆ : Siruguppa Ward / ವಾರ್ಡ್ : Siruguppa (TP) - Ward No.7	

Date of Entry : _____

Date of Issue : 22/06/2026

Data Entry operator Sign : _____

Headmaster Sign : _____



HEAD MISTRESS
Chagi Narasamma Naras
English Medium Scho
SIRUGUPPA - 58312

PEN NO: 20533332528