

**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

A B H I S H E K

Middle Name

K I T T A N E

Last Name

R U P E S H A

B. Name (as per Aadhaar)

A B H I S H E K

K R

2. Gender (select one)

Male



Female



Transgender

3. Date of Birth

2

8

0

5

2

0

0

8

4. Aadhaar Number

3

4

1

6

3

3

2

1

6

8

1

8

5. Residence Address

Flat/Door/Building

C / O R U P E S H A

Road/Street/Block/Sector

Post Office

K I T T A N E

Area/Locality/Town/City

K I T T A N E

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

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

9

7

4

1

1

9

9

6

1

4

(ii) Email ID

KRA87915@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 U P E S H 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	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

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

a. I, ABHISHEK K R, 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...12/10/2026

ABHISHEK K.R

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

Name: ABHISHEK K R

Designation: **AUTHORIZED PERSON**



भारत सरकार
भारत सरकार



आधार

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ಸಂಯೋಜಿತ ಸಂಖ್ಯೆ Enrolment No.: 0604/00201/77869

Download Date: 11/02/2021

To
ಅಭಿಷೇಕ್ ಕೆ ಆರ್
Abhishek K R
S/O: Rupesha
Kittane
Kittane
Hasan, Kamataka - 573212
9741199614

Issue Date: 06/03/2021

Signature valid

Digitally signed by
UNIQUE IDENTIFICATION
AUTHORITY of India
Date: 2021.03.11 16:42:56
IST



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

3416 3321 6818

VID : 9192 9498 5428 7238

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India

Download Date: 11/03/2021



ಅಭಿಷೇಕ್ ಕೆ ಆರ್
Abhishek K R
ಜನ್ಮ ದಿನಾಂಕ/DOB: 26/05/2008
ಪುರುಷ/ MALE

Issue Date: 06/03/2021

3416 3321 6818

VID : 9192 9498 5428 7238

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಕರ್ನಾಟಕ ಸರ್ಕಾರ
GOVERNMENT OF KARNATAKA

ಕರ್ನಾಟಕ ಶಾಲಾ ಪರೀಕ್ಷೆ ಮತ್ತು ಮೌಲ್ಯನಿರ್ಣಯ ಮಂಡಳಿ, ಬೆಂಗಳೂರು
Karnataka School Examination and Assessment Board, Bengaluru

ಮಾಹಿತಿ ನೀಡುವುದು / Marka Statement and Certificate

This is to certify that the below mentioned candidate has passed S.S.L.C. Examination.

003604554

Barcode No. / Register No. : 20230445545

Issue / Year: MARCH/APRIL - 2025

Medium of Instruction : **KANNADA**

Register No. / Candidate Type : CCE REGULAR FRESH

Ques. 2. Name of Candidate's Name : **ABHISHEK K R**

Student Name / Father's Name : **ROOPESH**

ತಾಯಿಯ ಹೆಸರು / Mother's Name : SAKAMMA

28-05-2008 TWENTY-EIGHTH - MAY - TWO THOUSAND EIGHT
Date of Birth: 1987 - 5 / PART - A

Conf / **BOY**
Gender :

UDN - 5 / PART - A

Date of Birth : 20/03/2000		Part - 2 / PART - A							
ಶಿಕ್ಷಣಿಕ ವಿಷಯಗಳು SCHOLASTIC SUBJECTS	ಆಂತರಿಕ ಆಯಾಮ INTERNAL ASSESSMENT		ಆಂತರಿಕ ಪರೀಕ್ಷೆ EXTERNAL EXAMINATION			ಒಟ್ಟು ಅಂಕಗಳು TOTAL MARKS			ಒಟ್ಟು GRADE
	ಒಟ್ಟು ಅಂಕಗಳು MAX. MARKS	ಪಡೆದ ಅಂಕಗಳು MARKS OBTAINED	ಒಟ್ಟು ಅಂಕಗಳು MAX. MARKS	ಕನಿಷ್ಠ ಅಂಕಗಳು MIN. MARKS	ಪಡೆದ ಅಂಕಗಳು MARKS OBTAINED	ಒಟ್ಟು ಅಂಕಗಳು MAX. MARKS	ಕನಿಷ್ಠ ಅಂಕಗಳು MIN. MARKS	ಒಟ್ಟು ಅಂಕಗಳು TOTAL MARKS	
ಮೊದಲ ಭಾಷೆ / FIRST LANGUAGE KANNADA	25	25	100	15	86	125	44	111	A
ಎರಡನೇ ಭಾಷೆ / SECOND LANGUAGE ENGLISH	20	20	80	28	43	100	35	63	B
ಮೂರನೇ ಭಾಷೆ / THIRD LANGUAGE HINDI	20	20	80	28	54	100	35	74	B+
ಗಣಿತ / MATHEMATICS	20	20	80	28	37	100	35	57	C+
ವಿಜ್ಞಾನ / SCIENCE	20	20	80	28	39	100	35	59	C+
ಸಾಮಾಜಿಕ ವಿಜ್ಞಾನ / SOCIAL SCIENCE	20	20	80	28	45	100	35	65	B
ಒಟ್ಟು ಅಂಕಗಳು / TOTAL MARKS	125	125	500	175	304	625	219	429	ಸರಾಸರಿ / B GRA

TOTAL MARKS OBTAINED (IN WORDS) /

FOUR HUNDRED TWENTY-NINE ONLY

Percentage / (68.64%)

USK-5 / PART B

ಕ್ರ. ಸಂ./ Sl. No.	ಸಹ ಶೈಕ್ಷಣಿಕ ವಿಷಯಗಳು / CO-SCHOLASTIC SUBJECTS	ಕ್ಷೇಪ / GRADE	ಕ್ರ. ಸಂ./ Sl. No.	ಸಹ ಶೈಕ್ಷಣಿಕ ವಿಷಯಗಳು / CO-SCHOLASTIC SUBJECTS	ಕ್ಷೇಪ / GRADE
1.	ಶೈಕ್ಷಣಿಕ ಮತ್ತು ಆರೋಗ್ಯ ಶಿಕ್ಷಣ / PHYSICAL & HEALTH EDUCATION	A	2.	ಮನಃಶಾಸ್ತ್ರ ಮತ್ತು ಮೌಲ್ಯಗಳು / ATTITUDE & VALUES	A
3.	ಕಾರ್ಯಸಂಪರ್ಕ / WORK EXPERIENCE	A	4.	ಕಲಾ ಶಿಕ್ಷಣ / ART EDUCATION	A

[illegible]

3025-2043 / SCHOOL CODE: LL0307

உள்ளே எழுதி வைக்க வேண்டும் / SCHOOL NAME AND ADDRESS :

SRI GAJANANA HIGH SCHOOL.

DODDAAREKANAHALLI HASSAN TALUK HASSAN DISTRICT

DRUG/ DATE - 08-05-2023

Chairman