

**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

A M R U T H A

B. Name (as per Aadhaar)

A M R U T H A

2. Gender (select one)☐ Tick

Male

☒ Tick

Female

☐ Tick

Transgender

3. Date of Birth

0

5

0

2

2

0

0

8

4. Aadhaar Number

6

5

1

3

0

8

0

1

6

3

9

9

5. Residence Address

Flat/Door/Building

2

2

Road/Street/Block/Sector

H

A

L

E

K

A

L

L

A

N

A

Y

A

K

A

N

A

H

A

Post Office

J

A

J

U

R

U

Area/Locality/Town/City

J

A

J

U

R

U

District

H

A

S

S

A

N

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

7

3

1

0

3

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

6

3

6

1

9

9

6

4

3

5

(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)**☐ 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

B

A

L

Y

A

Father's Middle Name

Father's Last Name

N

A

I

K

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, AMRUTHA, 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

Amrutha

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

Name: **AMRUTHA**

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.: 2825/07735/38041

To
ಅಮೃತ
Amrutha
D/O: Balyanaik
#22
Halekallanayakanahalli
Jajuru
Hasan Karnataka - 573103
8431601350

Signature valid

Digitally signed by
UNIQUE IDENTIFICATION
AUTHORITY OF INDIA 04
Date: 2021.07.05 20:50
UTC



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

6513 0801 6399

VID : 9151 6643 1799 0161

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ಭಾರತ ಸರ್ಕಾರ
Government of India



ಅಮೃತ
Amrutha
ಜನ್ಮ ದಿನಾಂಕ/DOB: 05/02/2008
ಸ್ತ್ರೀ/FEMALE

Issue Date: 21/11/2013

6513 0801 6399

VID : 9151 6643 1799 0161

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Chairman

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