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	KALLIPALYA
Middle Name	RANGAPPA
Last Name	SHAILAJA

B. Name *(as per Aadhaar)*

K R SHAILAJA

2. Gender *(select one)* — Tick Male | Tick ✓ Female | Tick Transgender

3. Date of Birth — 22/06/1985

4. Aadhaar Number — 440115846189

5. Residence Address

Flat/Door/Building	C/O VIJAY KUMAR
Road/Street/Block/Sector	ARKUNDA VILLAGE
Post Office	PURA
Area/Locality/Town/City	GOWRIBIDANUR
District	CHIKKABALLAPUR
State/Union Territory	KARNATAKA
Country/Region	INDIA
PIN / ZIP CODE	561211

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	91	Mobile Number	7259555385
(ii) Email ID	MPCS.PURA@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

Father's Middle Name

Father's Last Name — RANGAPPA

14. Mother's First Name	
Mother's Middle Name	
Mother's Last Name	B H A G Y A 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: W
(iii) Range Code: 1 2 8
(iv) AO No.: 9 4

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

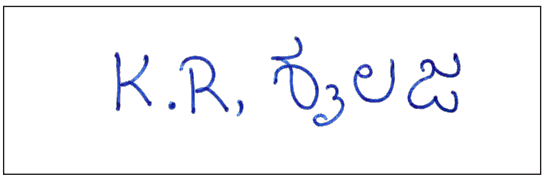
Verification & Declaration

a. I, K R SHAILAJA, 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. CHIKKABALLAPUR

Date.. 20/06/2026



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

Name: K R SHAILAJA

Designation: AUTHORIZED PERSON

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ

Unique Identification Authority of India

Government of India

ನೋಂದಾವಣಿ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No.: 1377/40360/07826

To
ಕೆ ಆರ್ ಶೈಲಜ
K R Shailaja
W/O: Vijaykumar
Arkunda
Pura
Gauribidnur Chikkaballapur
Karnataka 561211
7259555385

25/11/2014

1922210867

ML922210867FT

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

4401 1584 6189

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ

Government of India

ಕೆ ಆರ್ ಶೈಲಜ
K R Shailaja
ಜನ್ಮ ದಿನಾಂಕ / DOB : 22/06/1985
ಸ್ತ್ರೀ / Female

4401 1584 6189

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ

Government of India

AADHAAR

ಮಾಹಿತಿ

- ಆಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯೇ ಹೊರತು ಪೌರತ್ವದ್ದಲ್ಲ .
- ನಿಮ್ಮ ಗುರುತನ್ನು ಸಾಬೀತುಪಡಿಸಲು, ಆನ್ ಲೈನ್ ಮೂಲಕ ದೃಢೀಕರಿಸಿ .

INFORMATION

- Aadhaar is proof of identity, not of citizenship .
- To establish identity, authenticate online .

- ಆಧಾರ್ ದೇಶದಾದ್ಯಂತ ಮಾನ್ಯತೆಯನ್ನು ಪಡೆದಿದೆ .
- ಭವಿಷ್ಯದಲ್ಲಿ, ಸರ್ಕಾರಿ ಹಾಗೂ ಸರ್ಕಾರೇತರ ಸೇವೆಗಳನ್ನು ಪಡೆಯಲು ಆಧಾರ್ ನಿಮಗೆ ಸಹಾಯಕವಾಗಲಿದೆ .
- Aadhaar is valid throughout the country .
- Aadhaar will be helpful in availing Government and Non-Government services in future .

ಆಧಾರ್

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

Unique Identification Authority of India

ವಿಳಾಸ:
W/O: ವಿಜಯಕುಮಾರ್, ಅರ್ಕುಂದ, ಪುರ,
ಚಿಕ್ಕಬಳ್ಳಾಪುರ, ಕರ್ನಾಟಕ, 561211

Address:
W/O: Vijaykumar, Arkunda, Pura,
Chikkaballapur, Karnataka,
561211

4401 1584 6189

1947
1800 300 1947

help@uidai.gov.in

www
www.uidai.gov.in

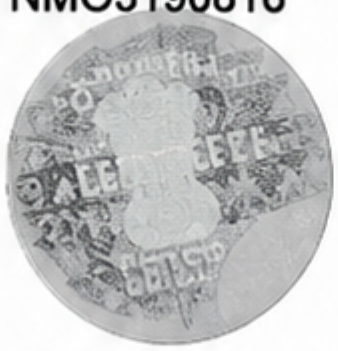
ಭಾರತ ಚುನಾವಣಾ ಆಯೋಗ

ಕನಾಟಕ ರಾಜ

ELECTION COMMISSION OF INDIA

IDENTITY CARD

NMO3190816



ಮತದಾರರ ಹೆಸರು : ಕೆ.ಆರ್.ಶೈಲಜ

Elector's Name : K.R.Shailaja

ಗಂಡನ ಹೆಸರು : ವಿಜಯಕುಮಾರ್

Husband's Name: Vijaya Kumar

ಲಿಂಗ / Sex : ಮಹಿಳೆ / Female

ಜನ್ಮ ದಿನಾಂಕ/Date of Birth : 22/06/1985

NMO3190816

ವಿಳಾಸ / Address :
#43,ಆರ್ಕುಂದ,
ಗೌರಿಬಿದನೂರು ತಾಲ್ಲೂಕು,
ಚಿಕ್ಕಬಳ್ಳಾಪುರ ಜಿಲ್ಲೆ - 562106.
#43,Arkunda,
Gowribidanuru Tq.,
CHIKKABALLAPUR
Dist. - 562106.

Date: 30/05/2012

141 - ಚಿಕ್ಕಬಳ್ಳಾಪುರ ವಿಧಾನ ಸಭಾ ಕ್ಷೇತ್ರದ ಮತದಾರರ ನೋಂದಣಾಧಿಕಾರಿಯವರ ಅಧಿಕೃತ ಸಹಿ.
Facsimile Signature of Electoral Registration Officer 141 - Chikkaballapur Assembly Constituency

ವಿಳಾಸ ಬದಲಾವಣೆಯಾದಾಗ, ಬದಲಾದ ವಿಳಾಸದ ಮತದಾರರ ಪಟ್ಟಿಯಲ್ಲಿ ನಿಮ್ಮ ಹೆಸರನ್ನು ಸೇರಿಸಲು ಸಲ್ಲಿಸುವ ಅರ್ಜಿಯಲ್ಲಿ, ಈ ಗುರುತಿನ ಚೀಟಿಯ ಸಂಖ್ಯೆಯನ್ನು ನಮೂದಿಸಿ.
In case of change in address, mention this Card No. in the relevant form for including your name in the roll at the changed address.

031/0205