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	MAMATHA
Middle Name	MAMATHA
Last Name	RUDRAPPA

B. Name *(as per Aadhaar)*

MAMATHA M R

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

3. Date of Birth 01 01 1974

4. Aadhaar Number 949413330113

5. Residence Address

Flat/Door/Building	KASABA HOBLI
Road/Street/Block/Sector	T KODIHALLI
Post Office	ARSIKERE
Area/Locality/Town/City	HASSAN
District	HASSAN
State/Union Territory	KARNATAKA
Country/Region	INDIA
PIN / ZIP CODE	573103

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 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	9483783267
(ii) Email ID	RRNETPAN1@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 — ☑ Income from Other Sources — Tick No Income

PART C - Details of Parents

12. Whether mother/father is a single parent? *(select one)* — Tick Yes ☑ No

13. Father's First Name	
Father's Middle Name	
Father's Last Name	SHIVANANDA

14. Mother's First Name	
Mother's Middle Name	
Mother's Last Name	M A M A T H 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: 3 2 1
(iv) AO No.: 9 2

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, MAMATHA M 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. 24/06/2026

M.R ಮಮತಾ

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

Name: MAMATHA M R

Designation: AUTHORIZED PERSON

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 0172/48004/03455

To
ಮಮತಾ ಎಮ್ ಆರ್
Mamatha M R
W/O: Shivananda
T.Kodihalli
Hassan Karnataka - 573103
9483783267

Signature valid

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

9494 1333 0113

VID : 9171 2188 2252 2212

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಮಮತಾ ಎಮ್ ಆರ್
Mamatha M R
ಜನ್ಮ ದಿನಾಂಕ/DOB: 01/01/1974
FEMALE

9494 1333 0113

VID : 9171 2188 2252 2212

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

Address : 85
T.Kodihalli
T.Kodihalli
Taluk: Arasikere
District: HASSAN - 573103

ವಿಳಾಸ: 85
ಟಿ.ಕೋಡಿಹಳ್ಳಿ
ಟಿ.ಕೋಡಿಹಳ್ಳಿ
ತಾಲ್ಲೂಕು : ಅರಸೀಕೆರೆ
ಜಿಲ್ಲೆ : ಹಾಸನ - 573103

Facsimile Signature of Electoral Registration Officer
ಚುನಾವಣಾ ನೋಂದಣಾಧಿಕಾರಿಗಳ ಸಹಿ

For 130 - Arasikere
Assembly Constituency

130 - ಅರಸೀಕೆರೆ
ವಿಧಾನ ಸಭಾ ಕ್ಷೇತ್ರ

Place : Hassan
ಸ್ಥಳ : ಹಾಸನ

Date / ದಿನಾಂಕ : 17-09-2005

This card may be used as an Identity Card under different Government Schemes.

ಈ ಗುರುತಿನ ಚೀಟಿಯನ್ನು ಸರ್ಕಾರದ ಯಾವುದೇ ಯೋಜನೆಗೆ ಉಪಯೋಗಿಸಬಹುದು

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ELECTION COMMISSION OF INDIA
IDENTITY CARD
ಭಾರತ ಸರ್ಕಾದೆದ ಚುನಾವಣಾ ಆಯೋಗ
ಗುರುತಿನ ಚೀಟಿ

FVL1355106

Elector's Name : Mamatha
ಮತದಾರರ ಹೆಸರು : ಮಮತ
Husband's Name : Shivananda
ಗಂಡನ ಹೆಸರು : ಶಿವಾನಂದ
Sex / ಲಿಂಗ : Female / ಹೆಂ

ಜನ್ಮ ದಿನಾಂಕ/Date of Birth : 01/01/1974