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	SHEKSHAVALI

B. Name *(as per Aadhaar)*

SHEKSHAVALI

2. Gender *(select one)* — [✓] Male [ ] Female [ ] Transgender

3. Date of Birth — 15 / 03 / 1998

4. Aadhaar Number — 212316347333

5. Residence Address

Flat/Door/Building	S/O KHAJA SAB
Road/Street/Block/Sector	TEKKALAKOTE, 19TH WARD,
Post Office	
Area/Locality/Town/City	HALEKOTE, BALLARI
District	BALLARI
State/Union Territory	KARNATAKA
Country/Region	INDIA
PIN / ZIP CODE	583122

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: 91 — Mobile Number: 9019950668

(ii) Email ID: k1ranganathn@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	KHAJA
Father's Middle Name	
Father's Last Name	SAB

14.	**Mother's First Name**	R O J A
	Mother's Middle Name	
	Mother's Last Name	B E E

15. **Name of parent to be printed on Permanent Account Number card** *(select one)* ☑ Father ☐ Tick 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: 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)* ☐ Tick Residence Address ☐ Tick Representative Assessee Address ☐ Tick 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**

☐ Tick (i) Proof of Identity ☐ Tick (ii) Proof of Address ☐ Tick (iii) Proof of Date of Birth

24. **Documents submitted as Proof of Identity, Proof of Address of Representative Assessee**

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

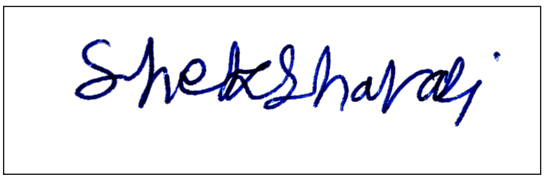
Verification & Declaration

a. I, SHEKSHAVALI……., 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.. 29/06/2026



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

Name: SHEKSHAVALI

Designation: AUTHORIZED PERSON

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಶೇಕ್ಷಾವಲಿ
Shekshavali
ಜನ್ಮ ದಿನಾಂಕ / DOB : 15/03/1998
ಪುರುಷ / MALE

2123 1634 7333

ನನ್ನ ಆಧಾರ್ , ನನ್ನ ಗುರುತು

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ವಿಳಾಸ:
S/O: ಖಾಜಾ ಸಾಬ್, , ತೆಕ್ಕಲಕೋಟೆ, 19 ನೇ ವಾರ್ಡ್, ಹಳೆಕೋಟೆ, ಬಳ್ಳಾರಿ, ಕರ್ನಾಟಕ - 583122

Address:
S/O: Khaja Sab, , Tekkalakote,19th Ward, Halekote, Bellary, Karnataka - 583122

2123 1634 7333

help@uidai.gov.in

www

ಭಾರತ ಚುನಾವಣಾ ಆಯೋಗ

ಗುರುತಿನ ಚೀಟಿ

ELECTION COMMISSION OF INDIA

IDENTITY CARD

UBB2907541

ಮತದಾರರ ಹೆಸರು : ಶೇಷ್ಟಾವಲಿ

Elector's Name : Shekshavali

ತಂದೆಯ ಹೆಸರು : ಖಾಜಾ ಸಾಬ

Father's Name : Khaja Sab

ಲಿಂಗ / Sex : ಪುರುಷ/ Male

ಜನ್ಮದಿನಾಂಕ/Date of Birth : 15/03/1998

UBB2907541

ವಿಳಾಸ / Address :

#234,19ನೇ ವಾರ್ಡ್ ದೇವಿನಗರ ತೆಕ್ಕಲಕೋಟೆ,
19ನೇ ವಾರ್ಡ್ ದೇವಿನಗರ ತೆಕ್ಕಲಕೋಟೆ,
ತೆಕ್ಕಲಕೋಟೆ,
ಬಳ್ಳಾರಿ ಜಿಲ್ಲೆ - 583122.
#234,19TH WARD DEVINAGARA
TEKKALAKOTE,
19TH WARD DEVINAGARA
TEKKALAKOTE,
TEKKALAKOTE,
B
D

92 - ಸಿರುಗುಪ್ಪ ವಿಧಾನ ಸಭಾ ಕ್ಷೇತ್ರದ ಮತದಾರರ
ನೋಂದಣಾಧಿಕಾರಿಯವರ ಅಧಿಕೃತ ಸಹಿ

Facsimile Signature of Electoral Registration Officer 92 - Siraguppa Assembly Constituency

ವಿಳಾಸ ಬದಲಾವಣೆಯಾಗಿದ್ದಲ್ಲಿ, ಬದಲಾದ ವಿಳಾಸದ ಮತದಾರರ ಪಟ್ಟಿಯಲ್ಲಿ ನಿಮ್ಮ ಹೆಸರನ್ನು ಸೇರಿಸಲು ಸೂಕ್ತ ನಮೂನೆಯಲ್ಲಿ 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.

158/0601