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	VEENA
Middle Name	BANAVARA
Last Name	KASTHURAPPA

B. Name *(as per Aadhaar)*

VEENA B K

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

3. Date of Birth 01 01 1983

4. Aadhaar Number 432930913650

5. Residence Address

Flat/Door/Building	#235
Road/Street/Block/Sector	KAREYAMMA DEVASTHAN, HIM
Post Office	BANAVARA
Area/Locality/Town/City	ARASIKERE
District	HASSAN
State/Union Territory	KARNATAKA
Country/Region	INDIA
PIN / ZIP CODE	573112

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	8722531248
(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 — ☑ 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	KASTHURAPPA

14.	**Mother's First Name**	
	Mother's Middle Name	
	Mother's Last Name	D O D D 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: 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

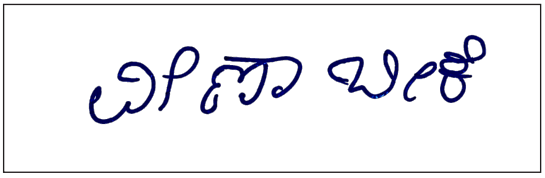
Verification & Declaration

a. I, VEENA B K, 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. 03/07/2026



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

Name: VEENA B K

Designation: AUTHORIZED PERSON

भारत सरकार

आधार

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ

Unique Identification Authority of India

Government of India

ನೋಂದಾವಣಿ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No.: 1189/03280/00041

To
ವೀಣಾ ಬಿ ಕೇ
Veena B K
W/O: Jai Kumar
#235 kareyamma devasthan himbhaga
banavara arasikere
Banavara
Banavara
Arasikere Hasan
Karnataka 573112

22/12/2013

87515643

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ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

4329 3091 3650

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ

Government of India

ವೀಣಾ ಬಿ ಕೇ
Veena B K
ಜನ್ಮ ದಿನಾಂಕ / DOB : 01/01/1983
ಸ್ತ್ರೀ / Female

4329 3091 3650

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ

ಭಾರತ ಚುನಾವಣಾ ಆಯೋಗ

ELECTION COMMISSION OF INDIA

RGE2010403

ಹೆಸರು: ವೀಣಾ ಬಿ ಕೆ

Name: Veena B K

ಗಂಡನ ಹೆಸರು: ಜಯಕುಮಾರ್

Husband's Name: Jayakumara

ಲಿಂಗ / Gender: ಹೆಣ್ಣು / Female

ಜನ್ಮ ದಿನಾಂಕ / ವಯಸ್ಸು:

Date of Birth / Age: 01-01-1983

e-Electors Photo Identity Card - ಇ-ಮತದಾರ ಭಾವಚಿತ್ರವಿರುವ ಗುರುತಿನ ಚೀಟಿ

ವಿಳಾಸ: 235, ಕರಿಯಮ್ಮ ಟೆಂಪಲ್ ಹಿಂಭಾಗ, ಬಾಣಾವರ, ಅರಸೀಕೆರೆ, ಜಿಲ್ಲೆ-ಹಾಸನ, ಕರ್ನಾಟಕ - 573112

Address: 235, BEHIND KARIYAMMA TEMPLE, BANAVARA, ARASIKERE, District-HASSAN, KARNATAKA - 573112

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RGE2010403

ಮತದಾರರ ನೋಂದಣಾಧಿಕಾರಿ, 194 - ಅರಸೀಕೆರೆ

Electoral Registration Officer, 194 - Arsikere

Download Date -: 03-07-2026

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