# 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 | LINGANNA |
| Middle Name | |
| Last Name | YALA |

**B. Name** *(as per Aadhaar)*

| | |
|---|---|
| | LINGANNA Y |
| | |
| | |

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

**3. Date of Birth** — 10 05 2002

**4. Aadhaar Number** — 869307508151

**5. Residence Address**

| | |
|---|---|
| Flat/Door/Building | JANATHA COLONY |
| Road/Street/Block/Sector | UDEGOLA, UDEGOLAM, TEKKA |
| Post Office | UDEGOLA POST |
| Area/Locality/Town/City | 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 | 7349059542 |
| (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** | DODDA |
| Father's Middle Name | |
| Father's Last Name | BASAPPA |

| | |
|---|---|
| **14. Mother's First Name** | |
| Mother's Middle Name | |
| Mother's Last Name | M A L L 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: 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)* ☑ 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, LINGANNA Y, 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. 03/07/2026

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

Name: LINGANNA Y

Designation: AUTHORIZED PERSON

ಭಾರತ ಸರ್ಕಾರ

Government of India

ಲಿಂಗಣ್ಣ ವೈ

Linganna Y

ಜನ್ಮ ದಿನಾಂಕ / DOB : 10/05/2002

ಪುರುಷ / Male

**8693 0750 8151**

# ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

Unique Identification Authority of India

ವಿಳಾಸ:

S/O: ದೊಡ್ಡ ಬಸಪ್ಪ, ಜನಾತ ಕಾಲೋನಿ, ಉಡೇಗೊಳ, ಉಡೇಗೋಳಂ, ತೆಕ್ಕಲಕೋಟೆ, ಬಳ್ಳಾರಿ, ಕರ್ನಾಟಕ, 583122

Address:

S/O: Dodda Basappa, janthan calony, udegola, Udegolam, Tekkalakota, Bellary, Karnataka, 583122

**8693 0750 8151**

1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

ಭಾರತ ಚುನಾವಣಾ ಆಯೋಗ

ELECTION COMMISSION OF INDIA

ಮತದಾರರ ಭಾವಚಿತ್ರವಿರುವ ಗುರುತಿನ ಚೀಟಿ

Electors Photo Identity Card

UBB3277712

ಹೆಸರು : ಲಿಂಗಣ್ಣ ವೈ

Name : Linganna Y

ತಂದೆಯ ಹೆಸರು : ದೊಡ್ಡ ಬಸಪ್ಪ

Father's Name : Dodda Basappa

EPIC No. : UBB3277712

ಲಿಂಗ/Gender : ಪುರುಷ / Male

ಜನ್ಮ ದಿನಾಂಕ/ವಯಸ್ಸು : 10-05-2002

Date of Birth/ Age :

ವಿಳಾಸ : 00, ಜನತಾ ಕಾಲೋನಿ ಉಡೇಗೋಳ, ಉಡೇಗೋಳ, ಉಡೇಗೋಳ, ಬಳ್ಳಾರಿ, ಕರ್ನಾಟಕ 583122

Address : 00, JANATHA COLONY UDEGOLA, UDEGOLA, UDEGOLA, BELLARY, KARNATAKA-583122

ದಿನಾಂಕ/ Date : 19-05-2022 ಮತದಾರರ ನೋಂದಣಾಧಿಕಾರಿ

Electoral Registration Officer

ವಿಧಾನ ಸಭಾ ಕ್ಷೇತ್ರದ ಸಂಖ್ಯೆ ಮತ್ತು ಹೆಸರು : 92-ಸಿರುಗುಪ್ಪ (ಪರಿಶಿಷ್ಟ ಪಂಗಡ)

Assembly Constituency No. and Name : 92-Siruguppa (ST )

Note / ಸೂಚನೆ

1) ಪ್ರತಿ ಚುನಾವಣೆಯ ಮೊದಲು, ಪ್ರಸ್ತುತ ಮತದಾರರ ಪಟ್ಟಿಯಲ್ಲಿ ನಿಮ್ಮ ಹೆಸರು ಇದೆಯೇ ಎಂದು ಪರಿಶೀಲಿಸಿಕೊಳ್ಳಿ.

1) Before every Election, please check that your name exists in current electoral roll.

2) ಈ ಮತದಾರರ ಗುರುತಿನ ಚೀಟಿಯು ಚುನಾವಣೆಯ ಉದ್ದೇಶಕ್ಕೆ ಹೊರತು ವಯಸ್ಸಿನ ಪುರಾವೆಗಲ್ಲ.

2) This card is not a proof of age except for the purpose of election.

ELECTION COMMISSION OF INDIA

92_126_1219