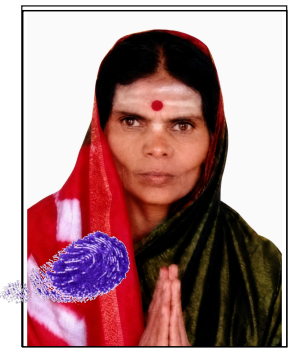


FORM NO. 93

[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: SANGAMMA

B. Name *(as per Aadhaar)*

SANGAMMA

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

3. Date of Birth: 01 01 1981

4. Aadhaar Number: 861926051320

5. Residence Address

Flat/Door/Building: 00

Road/Street/Block/Sector: NADKOOR

Post Office: PARASANAHALLI

Area/Locality/Town/City: SHORAPUR

District: YADGIR

State/Union Territory: KARNATAKA Country/Region: INDIA PIN / ZIP CODE: 585216

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: 9900957456

(ii) Email ID: utireddy@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: PILLAPPA

Father's Middle Name

Father's Last Name: GOUD

14. Mother's First Name	
Mother's Middle Name	
Mother's Last Name	YAMANAMMA

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: KAR (ii) AO Type: W

(iii) Range Code: 421 (iv) AO No.: 5

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

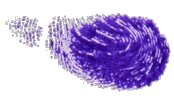
Verification & Declaration

a. I, SANGAMMA……., 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. YADGIR

Date. 04/07/2026



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

Name: SANGAMMA

Designation: AUTHORIZED PERSON

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಸಂಗಮ್ಮ
Sangamma
ಜನ್ಮ ದಿನಾಂಕ / DOB : 01/01/1981
ಸ್ತ್ರೀ / Female

8619 2605 1320

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
ಆಧಾರ್
Unique Identification Authority of India

ವಿಳಾಸ:
D/O: ವಿಳ್ಳಪ್ಪ ಗೌಡ, ನಡಕೂರ,
ಪಾರಸನಹಳ್ಳಿ, ಯಾದಗಿರಿ, ಸುರಪುರ,
ಕರ್ನಾಟಕ, 585216

Address:
D/O: Pillappa Gouda, Nadkoor,
Parasanahalli, Yadgir, Shorapur,
Karnataka, 585216

8619 2605 1320

1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

ಭಾರತ ಚುನಾವಣಾ ಆಯೋಗ

ELECTION COMMISSION OF INDIA

ಭಾರತೀಯಮತ್ಪದಾರಿಯ ಸ್ಥಾನಮಾನ ಚೀಟಿ - Elector Photo Identity Card

YSG4113411

ಹೆಸರು: ಸಂಗಮ್ಮ

Name: Sangamma

ತಂಡೆಯ ಹೆಸರು: ವಿಲ್ಲಪ್ಪ ಗೌಡ

Father's Name: Pillappa Goud

ಲಿಂಗ / Gender: ಹೆಣ್ಣು / Female

ಜನ್ಮ ದಿನಾಂಕ / ಸಹೇಮ್ಯ

Date of Birth / Age: 01/01/1981