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	FATIMA
Middle Name	
Last Name	MULLANAVAR

B. Name *(as per Aadhaar)*

FATIMA MULLANAVAR

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

3. Date of Birth 09/11/1996

4. Aadhaar Number 963448271769

5. Residence Address

Flat/Door/Building	PLOT
Road/Street/Block/Sector	
Post Office	ADVISOMAPUR
Area/Locality/Town/City	ADAVISOMAPUR
District	GADAG
State/Union Territory	KARNATAKA
Country/Region	INDIA
PIN / ZIP CODE	582103

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	7760449665
(ii) Email ID	muttuadavisomapur@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	MADARSAB
Father's Middle Name	
Father's Last Name	MEGALAMANI

14.	**Mother's First Name**	B I B I J A N
	Mother's Middle Name	
	Mother's Last Name	M E G A L A M A N I

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 1 1
(iv) AO No.: 1 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 ☐ 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**
☑ (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**
☐ Tick (i) Proof of Identity ☐ Tick (ii) Proof of Address

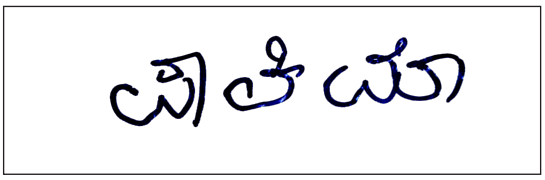
Verification & Declaration

a. I, FATIMA MULLANAVAR……., 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. GADAG

Date. 05/07/2026



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

Name: FATIMA MULLANAVAR

Designation: AUTHORIZED PERSON

भारत सरकार

आधार

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: S136/81504/75830

To
ಫಾತೀಮಾ ಮುಲ್ಲಾನವರ
Fatima Mullanavar
W/O: Fakrusab,
plot,
VTC: Adavisomapur,
PO: Advisomapur,
Sub District: Shirhatti,
District: Gadag,
State: Karnataka,
PIN Code: 582103
Mobile: 7760449665

Signature valid
Digitally signed by the Unique Identification Authority of India
06
Date: 2020/[illegible]7 11:57:58
IST

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

9634 4827 1769

VID : 9144 7191 5984 0638

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಫಾತೀಮಾ ಮುಲ್ಲಾನವರ
Fatima Mullanavar
ಜನ್ಮ ದಿನಾಂಕ/DOB: 09/11/1996
ಸ್ತ್ರೀ/ FEMALE

Aadhaar no. issued: 04/10/2016

ಆಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯಾಗಿದೆ, ಪೌರತ್ವ ಅಥವಾ ಜನ್ಮ ದಿನಾಂಕದ ಪುರಾವೆ ಅಲ್ಲ. ಇದನ್ನು ಆನ್‌ಲೈನ್ ದೃಢೀಕರಣ ಅಥವಾ QR ಕೋಡ್ / ಆಫ್‌ಲೈನ್ XML ಸ್ಕ್ಯಾನಿಂಗ್‌ನೊಂದಿಗೆ ಮಾತ್ರ ಬಳಸಬೇಕು.

Aadhaar is proof of identity, not of citizenship or date of birth. It should be used only with verification (online authentication or scanning of QR code / offline XML)

9634 4827 1769

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ಭಾರತ ಚುನಾವಣಾ ಆಯೋಗ

ಗುರುತಿನ ಚೀಟಿ

ELECTION COMMISSION OF INDIA

IDENTITY CARD

WLB2492403

ಮತದಾರರ ಹೆಸರು : ಫಾತೀಮಾ ಮುಲ್ಲಾನವರ

Elector's Name : Fatima Mullanavar

ಗಂಡನ ಹೆಸರು : ಪಕ್ರುಸಾಬ

Husband's Name: Pakrusab

ಲಿಂಗ / Sex : ಮಹಿಳೆ/ Female

ಜನ್ಮದಿನಾಂಕ/Date of Birth : 09/11/1996

WLB2492403

ವಿಳಾಸ / Address :

#224,ಅಡವಿಸೋಮಾಪೂರ,
ಗದಗ ತಾಲೂಕು,
ಗದಗ ಜಿಲ್ಲೆ - 582103.
#224,Adavisomapur,
GADAG Tq.,
GADAG Dist. - 582103.
Date: 19/12/2014

68 - ನರಗುಂದ ವಿಧಾನ ಸಭಾ ಕ್ಷೇತ್ರದ ಮತದಾರರ
ನೋಂದಣಾಧಿಕಾರಿಯವರ ಅಧಿಕೃತ ಸಹಿ
Facsimile Signature of Electoral Registration
Officer 68 - Nargund 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.

194/0828