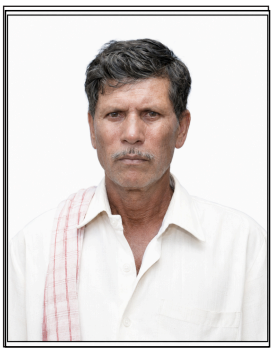
FORM NO. 93

[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	SHEKHANNA

B. Name *(as per Aadhaar)*

	SHEKHANNA

2. Gender *(select one)*

[✓] Male [Tick] Female [Tick] Transgender

3. Date of Birth 01 01 1959

4. Aadhaar Number 422781731450

5. Residence Address

Flat/Door/Building	NEAR ANGANAVADI SCHOOL W
Road/Street/Block/Sector	
Post Office	SANGANAKAL
Area/Locality/Town/City	HAGANBOMMANAHALLI
District	BALLARI

State/Union Territory: KARNATAKA Country/Region: INDIA PIN / ZIP CODE: 583103

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 9481510134

(ii) Email ID gramaonesanganakallu01@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	HONNUR
Father's Middle Name	
Father's Last Name	SAB

14. Mother's First Name	
Mother's Middle Name	
Mother's Last Name	G R A M A O N E S A N G A N A K A L U

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, SHEKHANNA……., 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. 12/07/2026

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

Name: SHEKHANNA

Designation: AUTHORIZED PERSON

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತಿನ ಪ್ರಾಧಿಕಾರ

ಭಾರತ ಸರಕಾರ

Unique Identification Authority of India

Government of India

ನೋಂದಾವಣಿ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No.: 1098/91009/01362

18/12/2012

To

ಶೇಖಣ್ಣ

Shekhanna

S/O: Honnur Sab Late

Near Anganavadi school Ward No 2 Sanganakal

Sanganakal Hagaribommanahalli Bellary

Karnataka 583103

MN1180586613DF

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

4227 8173 1450

ಆಧಾರ್ – ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ

ಭಾರತ ಸರಕಾರ

GOVERNMENT OF INDIA

ಶೇಖಣ್ಣ

Shekhanna

ಹುಟ್ಟಿದ ವರ್ಷ / Year of Birth : 1959

ಪುರುಷ / Male

4227 8173 1450

ಆಧಾರ್ – ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ

Government of India

AADHAAR

ಮಾಹಿತಿ

- ಆಧಾರ್ ಎನ್ನುವುದು ಗುರುತಿನ ಪುರಾವೆಯಾಗಿದೆ, ನಾಗರಿಕತೆಗಾಗಿ ಅಲ್ಲ.
- ಗುರುತಿನ ಪುರಾವೆಯನ್ನು ಆನ್‌ಲೈನ್ ದೃಢೀಕರಿಸುವ ಮೂಲಕ ಪಡೆಯಬಹುದಾಗಿದೆ.

INFORMATION

- Aadhaar is proof of identity, not of citizenship.
- To establish identity, authenticate online.

- ಆಧಾರ್ ದೇಶದಾದ್ಯಂತ ಮಾನ್ಯತೆಯನ್ನು ಪಡೆದಿದೆ.
- ಭವಿಷ್ಯದಲ್ಲಿ ಸರಕಾರಿ ಮತ್ತು ಸರಕಾರೇತರ ಸೇವೆಗಳನ್ನು ಪಡೆಯುವುದಕ್ಕಾಗಿ ಆಧಾರ್ ನಿಮಗೆ ಸಹಾಯವಾಗಬಹುದು.
- Aadhaar is valid throughout the country.
- Aadhaar will be helpful in availing Government and Non-Government services in future.

11505861

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತಿನ ಪ್ರಾಧಿಕಾರ
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

ವಿಳಾಸ:
S/O: ಹೊನ್ನೂರ ಸಾಬ್ ಲೇಟ್,
ಅಂಗನವಾಡಿ ಶಾಲೆಯ ಹತ್ತಿರ, ವಾರ್ಡ್ ಸಂಖ್ಯೆ 2, ಸಂಗನಕಲ್ಲು, ಬಳ್ಳಾರಿ,
ಸಂಗನಕಲ್ಲು, ಕರ್ನಾಟಕ, 583103

Address:
S/O: Honnur Sab Late, Near Anganavadi school, Ward No 2, Sanganakal, Bellary, Sanganakal, Karnataka, 583103

1947
1800 180 1947

help@uidai.gov.in

www.uidai.gov.in

P.B. No. 1947, [illegible]

ಭಾರತ ಚುನಾವಣಾ ಆಯೋಗ

ಕರ್ನಾಟಕ ರಾಜ್ಯ

ELECTION COMMISSION OF INDIA

IDENTITY CARD

XUT1751868

ಮತದಾರರ ಹೆಸರು : ಶೇಖಣ್ಣ

Elector's Name : Shekhanna

ತಂದೆಯ ಹೆಸರು : ಹೊನ್ನೂದಸಾಭ್

Father's Name : Honnurasaba

ಲಿಂಗ / Sex : ಪುರುಷ / Male

ಜನ್ಮ ದಿನಾಂಕ / Date of Birth : 01/01/1959

ವಿಳಾಸ / Address : XUT1751868

7ನೇ, ಅಂಗನವಾಡಿ ಕೇಂದ್ರ ಹತ್ತಿರ
ಮತ್ತು ಉತ್ತರ ಭಾಗ ಸಂಗನಕಲ್ಲು,
ಬಲ್ಲಾರಿ,
ಬಲ್ಲಾರಿ - 583101.

7, Anganwadi Kendra East
And North Side Sanganikallu,
Bellary,
Bellary-583101.

Date : 01/01/2011

83 - ಬಲ್ಲಾರಿ
ವಿಧಾನ ಸಭಾ ಕ್ಷೇತ್ರದ ಮತದಾರರ
ನೋಂದಾವಣಾಧಿಕಾರಿಯ ಅಧಿಕೃತ ಸಹಿ

Facsimile Signature of
Electoral Registration Officer
83 - Bellary Assembly Constituency

ಭಾರತ ಚುನಾವಣಾ ಕಾಯಿದೆ, 1950ರ ನಿಯಮ 22(ಎ) ಅನ್ವಯ, ಹೆಸರು, ವಿಳಾಸ,
ಫೋಟೋ ಮತು ವಯಸ್ಕನಲ್ಲಿ ಉಂಟಾಗುವ ಬದಲಾವಣೆಯನ್ನು ನಮೂದಿಬು.
In case of change in address, mention the card No. in all correspondence
addressed to electoral office for the inclusion of name in the roll.

1172622a