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	SAMATIGERI
Middle Name	
Last Name	KADASIDDA

B. Name *(as per Aadhaar)*

SAMATIGERI KADASIDDA

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

3. Date of Birth — 01 01 1998

4. Aadhaar Number — 584131199808

5. Residence Address

Flat/Door/Building	C/O SIDDU A
Road/Street/Block/Sector	17TH WARD, ELE MATTI ONI
Post Office	HALEKOTE
Area/Locality/Town/City	TEKKALAKOTE TOWN, TEKKAL
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	6361264585
(ii) Email ID	siddumadiwala00@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	SAMATIGERI
Father's Middle Name	
Father's Last Name	LAKSHAMAYYA

14.	**Mother's First Name**	S A M A T I G E R I
	Mother's Middle Name	
	Mother's Last Name	L A K S H A M 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 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, SAMATIGERI KADASIDDA……., 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. 14/07/2026

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

Name: SAMATIGERI KADASIDDA

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.: 1190/08623/00778

To
ಸಮತಿಗೇರಿ ಕಾಡಸಿದ್ಧ
Samatigeri Kadasidda
S/O: Samatigeri Lakshamayya
17th ward
ele matti Oni tekkalakote town
Halekote
Tekkalakota
Siruguppa Bellary
Karnataka 583122
9591076658

13/01/2014

99557999

MN995579998FT

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

5841 3119 9808

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ

Government of India

ಸಮತಿಗೇರಿ ಕಾಡಸಿದ್ಧ
Samatigeri Kadasidda
ಜನ್ಮ ದಿನಾಂಕ / DOB : 01/01/1998
ಪುರುಷ / Male

5841 3119 9808

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ

Government of India

AADHAAR

ಮಾಹಿತಿ

- ಆಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯೇ ಹೊರತು ಪೌರತ್ವದ್ದಲ್ಲ .
- ನಿಮ್ಮ ಗುರುತನ್ನು ಸಾಬೀತುಪಡಿಸಲು, ಆನ್ ಲೈನ್ ಮೂಲಕ ದೃಢೀಕರಿಸಿ .

INFORMATION

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

- ಆಧಾರ್ ದೇಶದಾದ್ಯಂತ ಮಾನ್ಯತೆಯನ್ನು ಪಡೆದಿದೆ .
- ಭವಿಷ್ಯದಲ್ಲಿ, ಸರ್ಕಾರಿ ಹಾಗೂ ಸರ್ಕಾರೇತರ ಸೇವೆಗಳನ್ನು ಪಡೆಯಲು ಆಧಾರ್ ನಿಮಗೆ ಸಹಾಯಕವಾಗಲಿದೆ .
- Aadhaar is valid throughout the country .
- Aadhaar will be helpful in availing Government and Non-Government services in future .

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

ಆಧಾರ್

Unique Identification Authority of India

ವಿಳಾಸ:
S/O: ಸಮತಿಗೇರಿ ಲಕ್ಷಮಯ್ಯ, 17ನೇ ವಾರ್ಡ್, ಎಲೆ ಮಟ್ಟಿ ಒಣಿ, ತೆಕ್ಕಲಕೋಟೆ ಟೌನ್, ಹಳೇಕೋಟೆ, ಟೆಕ್ಕಳಕೋಟ, ಬಳ್ಳಾರಿ, ಕರ್ನಾಟಕ, 583122

Address:
S/O: Samatigeri Lakshamayya, 17th ward, ele matti Oni, tekkalakote town, Halekote, Tekkalakota, Bellary, Karnataka, 583122

5841 3119 9808

1947
1800 300 1947

help@uidai.gov.in

www
www.uidai.gov.in

ಭಾರತ ಚುನಾವಣಾ ಆಯೋಗ

ELECTION COMMISSION OF INDIA

ಮತದಾರರ ಭಾವಚಿತ್ರವಿರುವ ಗುರುತಿನ ಚೀಟಿ

Electors Photo Identity Card

UBB3272390

ಹೆಸರು : ಸಮತಿಗೇರಿ ಕಡಸಿದ್ದ

Name : Samatigeri Kadasidda

ತಂದೆಯ ಹೆಸರು : ಸಮತಿಗೇರಿ ಲಕ್ಷಮಯ್ಯ

Father's Name : Samatigeri Lakshamayya

EPIC No. : UBB3272390

ಲಿಂಗ/Gender : ಪುರುಷ / Male

ಜನ್ಮ ದಿನಾಂಕ/ವಯಸ್ಸು : 01-01-1998

Date of Birth/ Age :

ವಿಳಾಸ : 17ನೇ ವಾರ್ಡ್, ಎಲೆ ಮಟ್ಟಿ ಓಣಿ ಬರುವ ಮನೆ, ತೆಕ್ಕಲಕೋಟೆ, ತೆಕ್ಕಲಕೋಟೆ, ಬಳ್ಳಾರಿ, ಕರ್ನಾಟಕ-583122

Address : 17th ward, NEAR ELE MATTI ONI, TEKKALAKOTE, TEKKALAKOTE, 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-Siraguppa (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.

92_173_944