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	NAGAMANI
Middle Name	
Last Name	KRISHNAPPA

B. Name *(as per Aadhaar)*

NAGAMANI K

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

3. Date of Birth 01 01 1997

4. Aadhaar Number 720895528796

5. Residence Address

Flat/Door/Building	C/O N S SRINIVAS
Road/Street/Block/Sector	P NAGENAHALLI
Post Office	PURA
Area/Locality/Town/City	CHIKKABALLAPUR
District	CHIKKABALLAPUR
State/Union Territory	KARNATAKA
Country/Region	INDIA
PIN / ZIP CODE	562111

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	7899618508
(ii) Email ID	girish.ranganna@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	
Father's Middle Name	
Father's Last Name	KRISHNAPPA

14.	**Mother's First Name**	
	Mother's Middle Name	
	Mother's Last Name	YARRAMMA

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: KAR (ii) AO Type: W

(iii) Range Code: 128 (iv) AO No.: 94

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

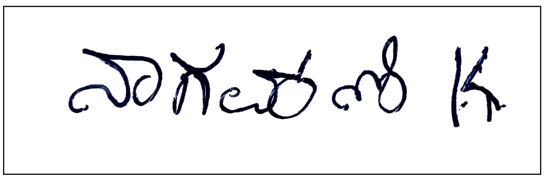
Verification & Declaration

a. I, NAGAMANI K, 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. CHIKKABALLAPUR

Date. 15/07/2026



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

Name: NAGAMANI K

Designation: AUTHORIZED PERSON

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 0604/11531/82886

To
ನಾಗಮಣಿ ಕೆ
Nagamani K
C/O: N S Srinivas
P.Nagenahalli
Pura
Chikkaballapur Karnataka - 561211
7899618508

Download Date: 06/03/2021

Issue Date: 17/08/2021

Signature valid

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :
7208 9552 8796
VID : 9137 4457 6431 2173
ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

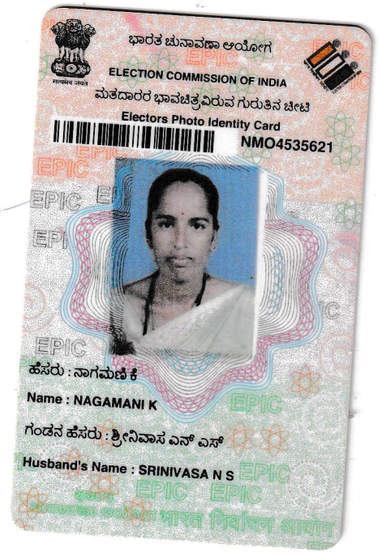
ಭಾರತ ಸರ್ಕಾರ
Government of India

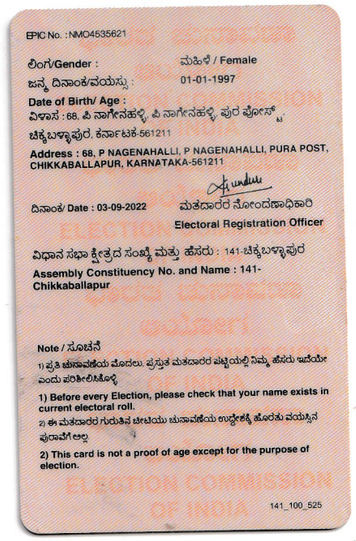
ನಾಗಮಣಿ ಕೆ
Nagamani K
ಜನ್ಮ ದಿನಾಂಕ/DOB: 01/01/1997
ಸ್ತ್ರೀ/FEMALE

Download Date: 06/03/2021

Issue Date: 17/08/2021

7208 9552 8796
VID : 9137 4457 6431 2173
ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು


ಭಾರತ ಚುನಾವಣಾ ಆಯೋಗ
ELECTION COMMISSION OF INDIA
ಮತದಾರರ ಭಾವಚಿತ್ರವಿರುವ ಗುರುತಿನ ಚೀಟಿ
Electors Photo Identity Card
NMO4535621
ಹೆಸರು : ನಾಗಮಣಿ ಕೆ
Name : NAGAMANI K
ಗಂಡನ ಹೆಸರು : ಶ್ರೀನಿವಾಸ ಎನ್ ಎಸ್
Husband's Name : SRINIVASA N S


EPIC No. : NMO4535621
ಲಿಂಗ/Gender : ಮಹಿಳೆ / Female
ಜನ್ಮ ದಿನಾಂಕ/ವಯಸ್ಸು : 01-01-1997
Date of Birth/ Age :
ವಿಳಾಸ : 68, ಪಿ ನಾಗೇನಹಳ್ಳಿ, ಪಿ ನಾಗೇನಹಳ್ಳಿ, ಪುರ ಪೋಸ್ಟ್, ಚಿಕ್ಕಬಳ್ಳಾಪುರ, ಕರ್ನಾಟಕ-561211
Address : 68, P NAGENAHALLI, P NAGENAHALLI, PURA POST, CHIKKABALLAPUR, KARNATAKA-561211
ದಿನಾಂಕ/ Date : 03-09-2022
ಮತದಾರರ ನೋಂದಣಾಧಿಕಾರಿ
Electoral Registration Officer
ವಿಧಾನ ಸಭಾ ಕ್ಷೇತ್ರದ ಸಂಖ್ಯೆ ಮತ್ತು ಹೆಸರು : 141-ಚಿಕ್ಕಬಳ್ಳಾಪುರ
Assembly Constituency No. and Name : 141-Chikkaballapur
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 ಪುರಾವೆಗೆ ಅಲ್ಲ
2) This card is not a proof of age except for the purpose of election.
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