

**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

G A N G A M M A

B. Name (as per Aadhaar)

G A N G A M M A

2. Gender (select one)☐ Tick

Male

☒ Tick

Female

☐ Tick

Transgender

3. Date of Birth

2 0 0 1 1 9 9 6

4. Aadhaar Number

4 9 8 7 6 4 8 8 4 0 8 4

5. Residence Address

Flat/Door/Building

1 0 2

Road/Street/Block/Sector

N E A R B A S A R E K A T T E

Post Office

H A L E K O T E

Area/Locality/Town/City

T E K K A L A K O T E

District

B A L L A R I

State/Union Territory

K A R N A T A K A

Country/Region

I N D I A

PIN / ZIP CODE

5 8 3 1 2 2

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)☒ Tick

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

9 1

Mobile Number

7 2 0 4 4 9 6 8 0 5

(ii) Email ID

manuforever.honey143@gamil.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

☒ Tick

Income from Other Sources

☐ Tick

No Income

PART C - Details of Parents**12. Whether mother/father is a single parent? (select one)**☐ Tick

Yes

☒ Tick

No

13. Father's First Name

Father's Middle Name

Father's Last Name

A M A R A P P A

15. Name of parent to be printed on Permanent Account Number card (select one) ☒ Father ☐ Mother

16. Assessing Officer (AO Code)	(i) Area Code	K	A	R	(ii) AO Type	C	
	(iii) Range Code	4	2	1	(iv) AO No.	9	1

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							

(i) Mobile Number	Country Code				Mobile Number									
(ii) Email ID														
(iii) Landline No. with STD Code (<i>if any</i>)	STD Code					Landline Number								

22. Address for Communication (select one) ☒ Residence Address ☐ Representative Assessee Address ☐ Office Address

☒ (i) Proof of Identity ☒ (ii) Proof of Address ☒ (iii) Proof of Date of Birth

☒ (i) Proof of Identity ☒ (ii) Proof of Address

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Designation: **AUTHORIZED PERSON**



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ

Unique Identification Authority of India
Government of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ / Enrolment No.: 0821/90885/00846

Download Date: 04/11/2019

To
ಗಂಗಮ್ಮ
Gangamma
C/O M Anjineyya
#102
near basare katta
Tekkalakote
14th ward
Halekote
Tekkalakota
Bellary Karnataka - 583122
7026915191

Generation Date: 17/06/2019

Signature valid



QR Code for Aadhaar

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

4987 6488 4084

VID : 9119 4852 5017 1191

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India



ಗಂಗಮ್ಮ
Gangamma
ಜನ್ಮ ದಿನಾಂಕ/DOB: 20/06/1996
FEMALE

4987 6488 4084

VID : 9119 4852 5017 1191

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು





ಭಾರತ ಚುನಾವಣಾ ಆಯೋಗ

ELECTION COMMISSION OF INDIA

UBB3074879



ಹೆಸರು : ಗಂಗಮ್ಮ

Name : Gangamma

ತಂದೆಯ ಹೆಸರು : ಎಂ ಅಂಜನಯ್ಯ

Father's Name : M Anjineyya

ಲಿಂಗ / Gender : ಮಹಿಳೆ / Female

ಜನ್ಮ ದಿನಾಂಕ / ವಯಸ್ಸು :

Date of Birth / Age : 20-01-1996

e-EPIC - ಇ.ಮತದಾರರ ಭಾವಚಿತ್ರ (ಎಪಿಕ್) ಗುರುತಿಸೆ ಚೀಟಿ