



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

[illegible][illegible][illegible][illegible]

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

23. Documents submitted as Proof of Identity, Proof of Address and Proof of Date of Birth of the Applicant

24. Documents submitted as Proof of Identity, Proof of Address of Representative Assessee

☐ Tick (i) Proof of Identity ☐ Tick (ii) Proof of Address

GANGAMMA

a. I, _____, in the capacity of _____ (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...02/09/2026

ಗರಿಷ್ಠ

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

Name: **GANGAMMA**

Designation: **AUTHORIZED PERSON**



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪಾಸ್‌ಕಾರ್ಡ್

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