

**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

V I N O D H A

Middle Name

C H I K B A N D R A

Last Name

D E V A C A H R I

**B. Name (as per Aadhaar)**

V I N O D H A C D

**2. Gender (select one)**☐ Tick

Male

☒ Tick

Female

☐ Tick

Transgender

**3. Date of Birth**

1 1 1 2 1 9 8 1

**4. Aadhaar Number**

3 0 4 1 7 1 5 7 3 0 2 1

**5. Residence Address**

Flat/Door/Building

4 5 / 2

Road/Street/Block/Sector

H E M M A N A G A D D E

Post Office

Area/Locality/Town/City

K U N D A L L I , S O M W A R P E T

District

K O D A G U

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5 7 1 2 3 6

**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

9 4 8 3 8 3 9 6 3 2

(ii) Email ID

chinthugowda29@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

☒ 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**

V E N K A T E S H

Father's Middle Name

H E M A N A G A D D E

Father's Last Name

T H I M A C A H A R I

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

|                                           |                  |   |   |   |              |   |   |
|-------------------------------------------|------------------|---|---|---|--------------|---|---|
| 16. <b>Assessing Officer</b><br>(AO Code) | (i) Area Code    | K | A | R | (ii) AO Type | W |   |
|                                           | (iii) Range Code | 3 | 2 | 1 | (iv) AO No.  | 9 | 2 |

[illegible]

18. Permanent Account Number (if any) 

|  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|

[illegible]

| 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         | <input type="text"/> | <input type="text"/> | <input type="text"/> | Mobile Number   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| (ii) Email ID                             | <input type="text"/> |                      |                      |                      |                 |                      |                      |                      |                      |
| (iii) Landline No. with STD Code (if any) | STD Code             | <input type="text"/> | <input type="text"/> | <input type="text"/> | Landline Number | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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

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

|  |  |
|--|--|
|  |  |
|--|--|

VINODHA C D

a. I, ....., in the capacity of .....<sup>SELF</sup> (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. KODAGU

Date. 22/09/2026

C.D. Vinoda

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

Name: VINODHA C D

Designation: **AUTHORIZED PERSON**

ಭಾರತ ಸರ್ಕಾರ  
Government of India

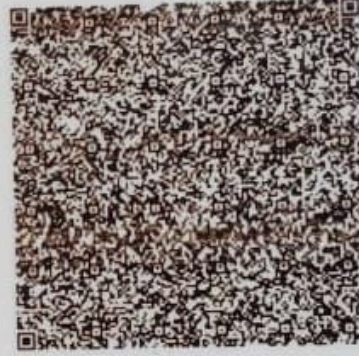
ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ  
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 2825/07749/02776

To  
ವಿನೋದ ಸಿ ಡಿ  
Vinodha C D  
W/O Venkatesh H T  
HEMMANAGADDE  
SOMWARPET TALUK  
Kundalli  
Kodagu Karnataka - 571236  
9483839632

Signature valid

Digitally signed by  
UNIQUE IDENTIFICATION  
AUTHORITY OF INDIA  
Date: 2022.04.11:24:04  
UTC



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

3041 7157 3021

VID : 9164 7490 5409 2087

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ  
Government of India



ವಿನೋದ ಸಿ ಡಿ  
Vinodha C D  
ಜನ್ಮ ದಿನಾಂಕ/DOB: 11/12/1981  
ಪ್ರ/ FEMALE

Issue Date: 15/01/2016

3041 7157 3021

VID : 9164 7490 5409 2087

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



# ಭಾರತ ಚುನಾವಣಾ ಆಯೋಗ ELECTION COMMISSION OF INDIA

ಮತದಾರರ ಫೋಟೊ ಗುರುತಿನ ಚೀಟಿ - Elector Photo Identity Card



UTZ0837112



ಹೆಸರು: ವಿನೋದ ಸಿ ಡಿ

**Name: Vinod C D**

ಗಂಡನ ಹೆಸರು: ವೆಂಕಟೇಶ್ ಹೆಚ್ ಟಿ

**Husband's Name: Venkatesha H T**

ಲಿಂಗ / Gender: ಹೆಣ್ಣು / Female

ಜನ್ಮ ದಿನಾಂಕ / ವಯಸ್ಸು:

**Date of Birth / Age: 11-12-1981**



UTZ0837112





Scan By VHA/BLO App

**UTZ0837112**

ವಿಳಾಸ: 45/2, ಹೆಮ್ಮನಗದ್ದೆ, ಕುಂದಳ್ಳಿ, ಸೋಮವಾರಪೇಟೆ, ಜಿಲ್ಲೆ-ಕೊಡಗು, ಕರ್ನಾಟಕ - 571236

**Address: 45/2, HEMMANAGADDE, KUNDALLI, SOMWARPET, District-KODAGU, KARNATAKA - 571236**

**ಮತದಾರರ ನೋಂದಣಾಧಿಕಾರಿ, 208 - ಮದಿಕೇರಿ**

**Electoral Registration Officer, 208 - Madikeri**

**Issue Date: 31-01-2026**

**ಸೂಚನೆ / Note:**

- 1) ಪ್ರತಿ ಚುನಾವಣೆಯ ಮೊದಲು ಪ್ರಸ್ತುತ ಮತದಾರರ ಪಟ್ಟಿಯಲ್ಲಿ ನಿಮ್ಮ ಹೆಸರು ಇದೆಯೇ ಎಂದು ಪರಿಶೀಲಿಸಿಕೊಳ್ಳಿ  
**Before every Election, please check that your name exists in current electoral roll.**
- 2) ಈ ಮತದಾರರ ಗುರುತಿನ ಚೀಟಿಯು ಚುನಾವಣೆ ಉದ್ದೇಶಕ್ಕೆ ಹೊರತು ವಯಸ್ಸಿನ ಪುರಾವೆಗೆ ಅಲ್ಲ  
**This card is not a proof of age except for purpose of Election.**