



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

M U R A L I

Middle Name

G U V V A L A H A L L I

Last Name

C H I K K A P P A I A H

B. Name (as per Aadhaar)

M U R A L I G C

2. Gender (select one)



Male



Female



Transgender

3. Date of Birth

1

2

0

6

1

9

9

2

4. Aadhaar Number

3

0

5

4

5

0

8

0

3

4

3

7

5. Residence Address

Flat/Door/Building

G I R I S H A P R

Road/Street/Block/Sector

G R A M A O N E P U R A

Post Office

P U R A

Area/Locality/Town/City

G O W R I B I D A N U R U

District

C H I K K A B A L L A P U R

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5 6 1 2 1 1

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

9

1

Mobile Number

9

6

6

3

0

8

3

7

5

1

(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)



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

Father's Middle Name

Father's Last Name

C H I K K A P P A I A H

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	W	
	(iii) Range Code	1	2	8	(iv) AO No.	9	4

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							

[illegible]

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

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

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. CHIKKABALLAPUR

Date..23/09/2026

Murali P.C

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

Name: MURALI G C

Designation: **AUTHORIZED PERSON**



ಭಾರತ ಸರ್ಕಾರ
Government of India

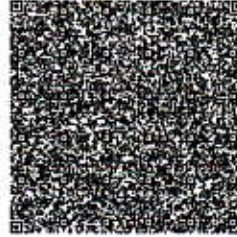
ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ / Enrolment No.: 0821/83856/09369

To
ಮುರಳಿ ಜಿ ಸಿ
Murali G C
S/O: Chikdappalah,
00,
Gevala Halli,
Gaurihidnur,
VTC: Bislahalli,
PO: Bislahalli,
Sub District: Gaurihidnur,
District: Chikkaballapur,
State: Karnataka,
PIN Code: 561211

Signature: 990048915

Digital signed by Unique
Identification Authority of India
Date: 2018-06-12 10:08:30
UTC



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :
3054 5080 3437
VID : 9181 6319 6903 3081



ಭಾರತ ಸರ್ಕಾರ
Government of India

Aadhaar no. issued: 08/08/2018



ಮುರಳಿ ಜಿ ಸಿ
Murali G C
ಜನ್ಮ ದಿನಾಂಕ/DOB: 12/06/1992
ಪುರುಷ / MALE

ಆಧಾರ್ ಗುರುತಿನ ಪ್ರಮಾಣವಾಗಿದೆ, ಜೊತೆಗೆ ಪರವಾನಗಿ ದಿನಾಂಕದ ಪ್ರಮಾಣವಲ್ಲ. ಇದನ್ನು ಅಧಿಕೃತ ವೈದಿಕರಾದ ಅಧಿಕಾರಿಗಳಿಂದ ಮಾತ್ರ / ಅಧಿಕೃತವಾಗಿ ಮಾತ್ರ ನಿರ್ಧರಿಸಲಾಗಿದೆ.

Aadhaar is proof of identity, not of citizenship or date of birth. It should be used only with verification (online authentication or scanning of QR code / offline XML)

3054 5080 3437

ನನ್ನ ಆಧಾರ್. ನನ್ನ ಗುರುತು



ಭಾರತ ಚುನಾವಣಾ ಆಯೋಗ
ಗುರುತಿನ ಚೀಟಿ

ELECTION COMMISSION OF INDIA
IDENTITY CARD

NMO3121001



ಮತದಾರರ ಹೆಸರು : ಜಿ.ಸಿ.ಮುರಳಿ

Elector's Name : G.C.Murall

ತಂದೆಯ ಹೆಸರು : ಚಿಕ್ಕಪಯ್ಯ

Father's Name : Chikkapayya

ಲಿಂಗ / Sex : ಪುರುಷ/Male

ಜನ್ಮದಿನಾಂಕ/Date of Birth : 12/6/1992

ವಿಳಾಸ / Address :

NMO3121001

- ಗುವ್ವಿಹಳ್ಳಿ

ಗೌರಿಬಿದನೂರು

ಚಿಕ್ಕಬಳ್ಳಾಪುರ - 561211

- Guvviahalli

Gowribidanuru

Chikkaballapur - 561211



Date : 14/01/2011

141 - ಚಿಕ್ಕಬಳ್ಳಾಪುರ

ವಿಧಾನ ಸಭಾ ಕ್ಷೇತ್ರದ ಮತದಾರರ
ನೋಂದಣಾಧಿಕಾರಿಯವರ ಅಧಿಕೃತ ಸಹಿ

Facsimile Signature of
Electoral Registration Officer

141 - Chikkaballapur Assembly Constituency

ವಿಳಾಸ ಬದಲಾದಲ್ಲಿ, ವಿಳಾಸ ಬದಲಾದ ಮತದಾರರ
ಮೇಲ್ಕಂಡಿರುವ ಸೂಕ್ತ ರೂಪದಲ್ಲಿ, ಈ ನೋಂದಣಿ
ಪತ್ರವನ್ನು ಸಲ್ಲಿಸುವುದು.

In case of change in address, mention this Card No. in the
relevant form for including your name in the roll at the
changed address.

028/09/09