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	LAXMAMMA

B. Name *(as per Aadhaar)*

	LAXMAMMA

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

3. Date of Birth — 01 01 1964

4. Aadhaar Number — 326597656331

5. Residence Address

Flat/Door/Building	C/O KEMPEGOWDA
Road/Street/Block/Sector	BASAVAGHATTA
Post Office	BASAVAGHATTA POST
Area/Locality/Town/City	HASSAN
District	HASSAN
State/Union Territory	KARNATAKA
Country/Region	INDIA
PIN / ZIP CODE	573162

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	91	Mobile Number	7316257316
(ii) Email ID	meenakshikumar752@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	
Father's Middle Name	
Father's Last Name	KEMPEGOWDA

14. Mother's First Name	
Mother's Middle Name	
Mother's Last Name	L A K S H M A M M A

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: K A R
(ii) AO Type: W
(iii) Range Code: 3 2 1
(iv) AO No.: 9 2

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

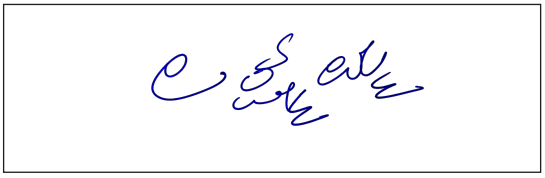
Verification & Declaration

a. I, LAXMAMMA, 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. HASSAN

Date. 01/07/2026



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

Name: LAXMAMMA

Designation: AUTHORIZED PERSON

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Government of India

ಲಕ್ಷ್ಮಮ್ಮ

Laxmamma

ಜನ್ಮ ದಿನಾಂಕ / DOB : 01/01/1964

ಸ್ತ್ರೀ / Female

3265 9765 6331

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ

ಆಧಾರ್

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

Unique Identification Authority of India

ವಿಳಾಸ:
W/O: ಕೆಂಪೇಗೌಡ, ಬಸವಘಟ್ಟ, ಬಸವಘಟ್ಟ,
ಹಾಸನ, ಬಸವಾಘಟ್ಟ, ಕರ್ನಾಟಕ, 573162

Address:
W/O: Kempegowda,
Basavaghatta, Basavagatta,
Hassan, Basavaghatta,
Karnataka, 573162

3265 9765 6331

1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

सत्यमेव जयते

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ಗುರುತಿನ ಚೀಟಿ

ELECTION COMMISSION OF INDIA
IDENTITY CARD

AKK3771227

ಮತದಾರರ ಹೆಸರು	:	**ಲಕ್ಷ್ಮಮ್ಮ**
Elector's Name	:	**Lakshmamma**
ಗಂಡನ ಹೆಸರು	:	**ಕಂಪೇಗೌಡ**
Husband's Name	:	**Kempegowda**
ಲಿಂಗ / Sex	:	ಮಹಿಳೆ / Female
ಜನ್ಮದಿನಾಂಕ / Date of Birth	:	**01/01/1964**