



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

R A T N A M M A

B. Name (as per Aadhaar)

R A T N A M M A

2. Gender (select one)

Tick

Male

Tick

Female

Tick

Transgender

3. Date of Birth

0

1

1

2

1

9

8

6

4. Aadhaar Number

3

7

7

6

7

1

3

9

0

7

9

8

5. Residence Address

Flat/Door/Building

W

A

R

D

N

U

M

B

E

R

1

Road/Street/Block/Sector

N

E

A

R

S

U

N

K

L

A

M

M

A

T

E

M

P

L

E

Post Office

K

E

N

C

H

A

G

A

R

A

B

E

L

A

G

A

L

Area/Locality/Town/City

K

.

B

E

L

A

G

A

L

District

B

E

L

L

A

R

Y

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

8

3

1

2

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)

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

9

0

1

3

7

4

3

2

0

(ii) Email ID

shivararaj18@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

K

A

R

I

L

I

N

G

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	W	
	(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

☒ (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
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a. I, RATNAMMA, in the capacity of HIMSELF (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. BELLARY

Date. 06/07/2026

Designation: **AUTHORIZED PERSON**



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ

Unique Identification Authority of India
Government of India

ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No.: 1190/08760/02552

To
ರತ್ನಮ್ಮ
Ratnamma
W/O: Mudukappa
Ward Number 1
Near Sunkamma Temple
Kenchagabellagali
K. belagali
Siruguppa Bellary
Karnataka 583121
9901374320
R2112982
MN821129821FT



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

3776 7139 0798

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



ಭಾರತ ಸರ್ಕಾರ
Government of India

ರತ್ನಮ್ಮ
Ratnamma
ಜನ್ಮ ದಿನಾಂಕ / DOB : 01/12/1986
ಸ್ತ್ರೀ / Female



3776 7139 0798

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



ಭಾರತ ಚುನಾವಣಾ ಆಯೋಗ
ELECTION COMMISSION OF INDIA

ಮತದಾರರ ಫೋಟೋ ಗುರುತಿನ ಚೀಟಿ - Elector Photo Identity Card

UBB3427861



ಹೆಸರು : ರತ್ನಮ್ಮ

Name : RATNAMMA

ತಾಯಿಯ ಹೆಸರು : ಹೋನುರಮ್ಮ

Mother's Name : HONURAMMA

ಲಿಂಗ / Gender : ಮಹಿಳೆ / Female

ಜನ್ಮ ದಿನಾಂಕ/ವಯಸ್ಸು :

Date of Birth / Age : 01-12-1986

