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: BASAMMA

B. Name *(as per Aadhaar)*

BASAMMA

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

3. Date of Birth: 01 01 1985

4. Aadhaar Number: 684022427903

5. Residence Address

Flat/Door/Building: H NO E/2/128

Road/Street/Block/Sector: YALAVAMADDI CAMP

Post Office: POST GODAGERA

Area/Locality/Town/City: GOUDAGERA

District: YADGIR

State/Union Territory: KARNATAKA Country/Region: INDIA PIN / ZIP CODE: 585216

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 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: 9108562322

(ii) Email ID: utireddy@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 ✓ Income from Other Sources Tick No Income

PART C - Details of Parents

12. Whether mother/father is a single parent? *(select one)*: Tick Yes ✓ No

13. Father's First Name

Father's Middle Name

Father's Last Name: TIPPANNA

14. Mother's First Name	
Mother's Middle Name	
Mother's Last Name	P A D A M M A

15. Name of parent to be printed on Permanent Account Number card *(select one)* ☑ Father ☐ 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: 4 2 1
(iv) AO No.: 5

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)* ☑ Residence Address ☐ Representative Assessee Address ☐ 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

☑ (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

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

Verification & Declaration

a. I, BASAMMA, 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. YADGIR

Date. 16/06/2026

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

Name: BASAMMA

Designation: AUTHORIZED PERSON

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 4050/41014/11920

To
ಬಸಮ್ಮ
Basamma
W/O: Basavaraj
H NO E/2/128
yalavamaddi camp
Goudagera
Goudgera
Yadgir Karnataka - 585216
9108562322

Signature valid

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

6840 2242 7903

VID : 9156 0665 6138 7403

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಬಸಮ್ಮ
Basamma
ಜನ್ಮ ದಿನಾಂಕ/DOB: 01/01/1985
FEMALE

Issue Date: 28/09/2015

6840 2242 7903

VID : 9156 0665 6138 7403

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ವಿಳಾಸ / Address : YSG5659297

2/128 ,ಗೌಡಗೇರಾ 0 ರಿಂದ
2/1151/4,
ಶೋರಾಪೂರ,
ಯಾದಗಿರಿ-585216.
2/128, Gaudagera 0 To
2/1151/4,
Shorapur,
Yadgiri-585216.

Date : 26/12/2018

37 - ಶಹಾಪುರ
ವಿಧಾನ ಸಭಾ ಕ್ಷೇತ್ರದ ಮತದಾರರ
ನೋಂದಣಾಧಿಕಾರಿಯವರ ಅಧಿಕೃತ ಸಹಿ

Facsimile Signature of
Electoral Registration Officer
37 - Shahpur Assembly Constituency

ಆಗಾಗ ವಿಳಾಸಗಳನ್ನು ಬದಲಾಯಿಸುವವರು ಮತದಾರರ ಪಟ್ಟಿಯಲ್ಲಿ ಹೆಸರು ಸೇರಿಸಲು ಸೂಕ್ತ ದಾಖಲೆಯಾಗಿ ಈ ಗುರುತಿನ ಚೀಟಿಯ ಸಂಖ್ಯೆಯನ್ನು ತಿಳಿಸಿರಿ.
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

174/0659

ಭಾರತ ಚುನಾವಣಾ ಆಯೋಗ
ಗುರುತಿನ ಚೀಟಿ
ELECTION COMMISSION OF INDIA
IDENTITY CARD

YSG5659297

ಮತದಾರರ ಹೆಸರು : ಬಸಮ್ಮ
Elector's Name : Basamma
ತಂದೆಯ ಹೆಸರು : ಬಸವರಾಜ
Husband's Name : Basavaraj
ಲಿಂಗ / Sex : ಮಹಿಳೆ/Female
ಜನ್ಮದಿನಾಂಕ/Date of Birth : XX/XX/1980