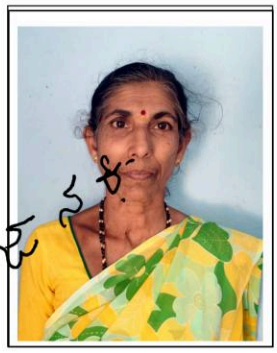


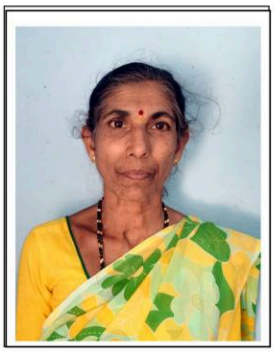
BH 25 2358

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	JANAKI
Middle Name	BETTADALLI
Last Name	HOOVAIAH

B. Name *(as per Aadhaar)*

	JANAKI B H

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

3. Date of Birth — 01 01 1960

4. Aadhaar Number — 510483493885

5. Residence Address

Flat/Door/Building	48
Road/Street/Block/Sector	BETTADALLI
Post Office	
Area/Locality/Town/City	KODAGU
District	KODAGU
State/Union Territory	KARNATAKA
Country/Region	INDIA
PIN / ZIP CODE	571236

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	91	Mobile Number	8762864863
(ii) Email ID	nihalgowda147@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	NANJAPPA

14.	**Mother's First Name**	
	Mother's Middle Name	
	Mother's Last Name	N A N J 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

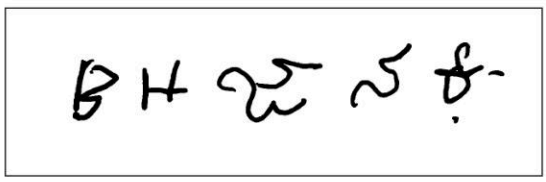
Verification & Declaration

a. I, ……JANAKI B H……, 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. KODAGU

Date. 16/06/2026



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

Name: JANAKI B H

Designation: AUTHORIZED PERSON

भारत सरकार

आधार

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 2825/07749/02363

To
ಜಾನಕಿ ಬಿ ಹೆಚ್
Janaki B H
W/O: Hoovaiah
48
Bettadalli
Kodagu Karnataka - 571236
8762864863

Signature valid
Digitally signed by UNIQUE IDENTIFICATION AUTHORITY OF INDIA 05
Date: 2022.[illegible] 06:21:51 UTC

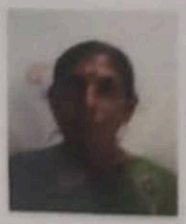
ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

5104 8349 3885

VID : 9124 9335 0892 6123

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ಭಾರತ ಸರ್ಕಾರ
Government of India



ಜಾನಕಿ ಬಿ ಹೆಚ್
Janaki B H
ಜನ್ಮ ದಿನಾಂಕ/DOB: 01/01/1960
ಸ್ತ್ರೀ/ FEMALE

Issue Date: 06/01/2015

5104 8349 3885

VID : 9124 9335 0892 6123

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

सत्यमेव जयते

ELECTION COMMISSION OF INDIA

ಭಾರತ ಚುನಾವಣಾ ಆಯೋಗ

IDENTITY CARD ಗುರುತಿನ ಚೀಟಿ

KT/17/128/114496

Elector's Name : **Janaki**

ಮತದಾರರ ಹೆಸರು : ಜಾನಕಿ

Father's/Mother's/
Husband's Name : **Hoovaiah**

ತಂದೆ/ತಾಯಿ/ಗಂಡನ ಹೆಸರು : ಹೂವಯ್ಯ

Sex : **F** ಲಿಂಗ : ಸ್ತ್ರೀ

Age as on 1-1-94 : **35**

೧-೧-೯೪ ರಂದು ವಯಸ್ಸು : ೩೫