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	KALLIPALYA
Middle Name	RANGAPPA
Last Name	SHAILAJA

B. Name *(as per Aadhaar)*

K R SHAILAJA

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

3. Date of Birth 22/06/1985

4. Aadhaar Number 440115846189

5. Residence Address

Flat/Door/Building	C/O VIJAY KUMAR
Road/Street/Block/Sector	ARKUNDA VILLAGE
Post Office	PURA
Area/Locality/Town/City	GOWRIBIDANUR
District	CHIKKABALLAPUR
State/Union Territory	KARNATAKA
Country/Region	INDIA
PIN / ZIP CODE	561211

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	7259555385
(ii) Email ID	MPCS.PURA@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: RANGAPPA

14.	**Mother's First Name**	
	Mother's Middle Name	
	Mother's Last Name	B H A G Y 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: 1 2 8
(iv) AO No.: 9 4

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

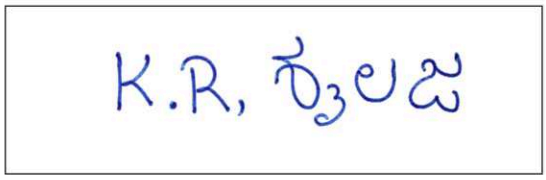
Verification & Declaration

a. I, K R SHAILAJA, 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. CHIKKABALLAPUR

Date.. 20/06/2026



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

Name: K R SHAILAJA

Designation: AUTHORIZED PERSON

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ

Unique Identification Authority of India

Government of India

ನೋಂದಾವಣಿ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No.: 1377/40360/07826

To
ಕೆ ಆರ್ ಶೈಲಜ
K R Shailaja
W/O: Vijaykumar
Arkunda
Pura
Gauribidnur Chikkaballapur
Karnataka 561211
7259555385

25/11/2014

1922210867

ML922210867FT

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

4401 1584 6189

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ

Government of India

ಕೆ ಆರ್ ಶೈಲಜ
K R Shailaja
ಜನ್ಮ ದಿನಾಂಕ / DOB : 22/06/1985
ಸ್ತ್ರೀ / Female

4401 1584 6189

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ

Government of India

AADHAAR

ಮಾಹಿತಿ

- ಆಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯೇ ಹೊರತು ಪೌರತ್ವದ್ದಲ್ಲ .
- ನಿಮ್ಮ ಗುರುತನ್ನು ಸಾಬೀತುಪಡಿಸಲು, ಆನ್ ಲೈನ್ ಮೂಲಕ ದೃಢೀಕರಿಸಿ .

INFORMATION

- Aadhaar is proof of identity, not of citizenship .
- To establish identity, authenticate online .

- ಆಧಾರ್ ದೇಶದಾದ್ಯಂತ ಮಾನ್ಯತೆಯನ್ನು ಪಡೆದಿದೆ .
- ಭವಿಷ್ಯದಲ್ಲಿ, ಸರ್ಕಾರಿ ಹಾಗೂ ಸರ್ಕಾರೇತರ ಸೇವೆಗಳನ್ನು ಪಡೆಯಲು ಆಧಾರ್ ನಿಮಗೆ ಸಹಾಯಕವಾಗಲಿದೆ .
- Aadhaar is valid throughout the country .
- Aadhaar will be helpful in availing Government and Non-Government services in future .

ಆಧಾರ್

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

Unique Identification Authority of India

ವಿಳಾಸ:
W/O: ವಿಜಯಕುಮಾರ್, ಅರ್ಕುಂದ, ಪುರ,
ಚಿಕ್ಕಬಳ್ಳಾಪುರ, ಕರ್ನಾಟಕ, 561211

Address:
W/O: Vijaykumar, Arkunda, Pura,
Chikkaballapur, Karnataka,
561211

4401 1584 6189

1947
1800 300 1947

help@uidai.gov.in

www
www.uidai.gov.in

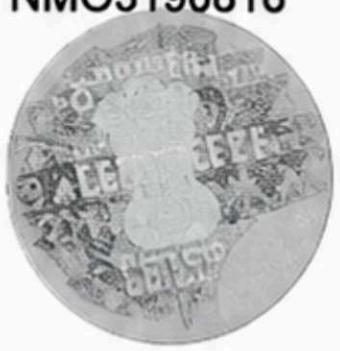
ಭಾರತ ಚುನಾವಣಾ ಆಯೋಗ

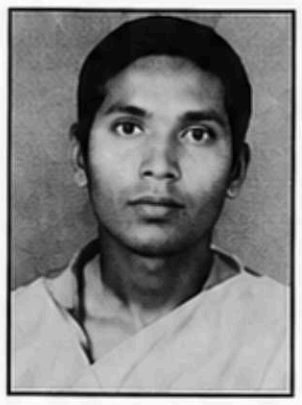
ಕನಾಟಕ ರಾಜ

ELECTION COMMISSION OF INDIA

IDENTITY CARD

NMO3190816





ಮತದಾರರ ಹೆಸರು : ಕೆ.ಆರ್.ಶೈಲಜ

Elector's Name : K.R.Shailaja

ಗಂಡನ ಹೆಸರು : ವಿಜಯಕುಮಾರ್

Husband's Name: Vijaya Kumar

ಲಿಂಗ / Sex : ಮಹಿಳೆ / Female

ಜನ್ಮ ದಿನಾಂಕ/Date of Birth : 22/06/1985

NMO3190816

ವಿಳಾಸ / Address :
#43,ಆರ್ಕುಂದ,
ಗೌರಿಬಿದನೂರು ತಾಲ್ಲೂಕು,
ಚಿಕ್ಕಬಳ್ಳಾಪುರ ಜಿಲ್ಲೆ - 562106.
#43,Arkunda,
Gowribidanuru Tq.,
CHIKKABALLAPUR
Dist. - 562106.

Date: 30/05/2012

141 - ಚಿಕ್ಕಬಳ್ಳಾಪುರ ವಿಧಾನ ಸಭಾ ಕ್ಷೇತ್ರದ ಮತದಾರರ
ನೋಂದಣಾಧಿಕಾರಿಯವರ ಅಧಿಕೃತ ಸಹಿ.
Facsimile Signature of Electoral Registration Officer 141 - Chikkaballapur Assembly Constituency

ವಿಳಾಸ ಬದಲಾವಣೆಯಾಗಿದ್ದಲ್ಲಿ, ಬದಲಾದ ವಿಳಾಸದ ಮತದಾರ
ಪಟ್ಟಿಯಲ್ಲಿ ನಿಮ್ಮ ಹೆಸರನ್ನು ಸೇರಿಸಲು ಸಂಬಂಧಪಟ್ಟ ನಮೂನೆಯಲ್ಲಿ ಈ
ಗುರುತಿನ ಚೀಟಿಯ ಸಂಖ್ಯೆಯನ್ನು ನಮೂದಿಸಿ.
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.

031/0205