# 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 | MAMATHA |
| Middle Name | MAMATHA |
| Last Name | RUDRAPPA |

**B. Name** *(as per Aadhaar)*

MAMATHA M R

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

**3. Date of Birth** 01/01/1974

**4. Aadhaar Number** 949413330113

**5. Residence Address**

| | |
|---|---|
| Flat/Door/Building | KASABA HOBLI |
| Road/Street/Block/Sector | T KODIHALLI |
| Post Office | ARSIKERE |
| Area/Locality/Town/City | HASSAN |
| District | HASSAN |
| State/Union Territory | KARNATAKA |
| Country/Region | INDIA |
| PIN / ZIP CODE | 573103 |

**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 9483783267

(ii) Email ID — RRNETPAN1@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 | SHIVANANDA |

| | | |
|---|---|---|
| 14. | **Mother's First Name** | |
| | Mother's Middle Name | |
| | Mother's Last Name | M A M A T H 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)* ☑ 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**

☑ (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

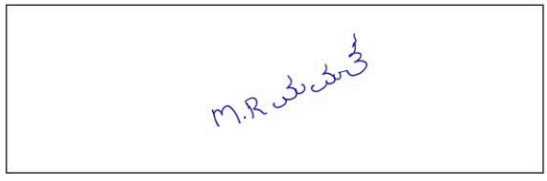
### *Verification & Declaration*

a. I, MAMATHA M R, 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.. 24/06/2026



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

Name: MAMATHA M R

Designation: AUTHORIZED PERSON

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 0172/48004/03455

To
ಮಮತಾ ಎಮ್ ಆರ್
Mamatha M R
W/O: Shivananda
T.Kodihalli
Hassan Karnataka - 573103
9483783267

Signature valid

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

9494 1333 0113

VID : 9171 2188 2252 2212

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಮಮತಾ ಎಮ್ ಆರ್
Mamatha M R
ಜನ್ಮ ದಿನಾಂಕ/DOB: 01/01/1974
FEMALE

9494 1333 0113

VID : 9171 2188 2252 2212

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

Address : 85
T.Kodihalli
T.Kodihalli
Taluk: Arasikere
District: HASSAN - 573103

ವಿಳಾಸ: 85
ಟಿ.ಕೋಡಿಹಳ್ಳಿ
ಟಿ.ಕೋಡಿಹಳ್ಳಿ
ತಾಲ್ಲೂಕು : ಅರಸೀಕೆರೆ
ಜಿಲ್ಲೆ : ಹಾಸನ - 573103

Facsimile Signature of Electoral Registration Officer
ಚುನಾವಣಾ ನೋಂದಣಾಧಿಕಾರಿಗಳ ಸಹಿ
For 130 - Arasikere
Assembly Constituency

130 - ಅರಸೀಕೆರೆ
ವಿಧಾನ ಸಭಾ ಕ್ಷೇತ್ರ

Place : Hassan
ಸ್ಥಳ : ಹಾಸನ

Date / ದಿನಾಂಕ : 17-09-2005

This card may be used as an Identity Card under different Government Schemes.

ಈ ಗುರುತಿನ ಚೀಟಿಯನ್ನು ಸರ್ಕಾರದ ಯಾವುದೇ ಯೋಜನೆಗೆ ಉಪಯೋಗಿಸಬಹುದು

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ELECTION COMMISSION OF INDIA
IDENTITY CARD
ಭಾರತ ಸರ್ಕಾದೆದ ಚುನಾವಣಾ ಆಯೋಗ
ಗುರುತಿನ ಚೀಟಿ

FVL1355106

Elector's Name : Mamatha
ಮತದಾರರ ಹೆಸರು : ಮಮತ
Husband's Name : Shivananda
ಗಂಡನ ಹೆಸರು : ಶಿವಾನಂದ
Sex / ಲಿಂಗ : Female / ಹೆಂ

ಜನ್ಮ ದಿನಾಂಕ/Date of Birth : 01/01/1974