



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

S H E K S H A V A L I

B. Name (as per Aadhaar)

S H E K S H A V A L I

2. Gender (select one)



Male



Female



Transgender

3. Date of Birth

1 5 0 3 1 9 9 8

4. Aadhaar Number

2 1 2 3 1 6 3 4 7 3 3 3

5. Residence Address

Flat/Door/Building

S / O K H A J A S A B

Road/Street/Block/Sector

T E K K A L A K O T E , 1 9 T H W A R D ,

Post Office

Area/Locality/Town/City

H A L E K O T E , B A L L A R I

District

B A L L A R I

State/Union Territory

KARNATAKA

Country/Region

I N D I A

PIN / ZIP CODE

5 8 3 1 2 2

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

9 1

Mobile Number

9 0 1 9 9 5 0 6 6 8

(ii) Email ID

k1ranganathn@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

K H A J A

Father's Middle Name

Father's Last Name

S A B

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

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

[illegible]

22. Address for Communication (select one) ☒ Residence Address ☐ Representative Assessee Address ☐ Office Address

☒ (i) Proof of Identity ☒ (ii) Proof of Address ☒ (iii) Proof of Date of Birth

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

SHEKSHAVALI **SELF**
a. I,, in the capacity of(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: BALLARI

Date..29/06/2026

Sheksharaj

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

Name: SHEKSHAVALI

Designation: **AUTHORIZED PERSON**



ಭಾರತ ಸರ್ಕಾರ
Government of India



ಶೇಕ್ಸಾವಲಿ

Shekshavali

ಜನ್ಮ ದಿನಾಂಕ / DOB : 15/03/1998

ಪುರುಷ / MALE



2123 1634 7333

ನನ್ನ ಆಧಾರ್ , ನನ್ನ ಗುರುತು



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

Unique Identification Authority of India

ವಿಳಾಸ:

S/O: ಖಾಜಾ ಸಾಬ್, ತೆಕ್ಕಲಕೋಟೆ, 19 ನೇ
ವಾರ್ಡ್, ಹಲಕೋಟೆ, ಬೆಳ್ಳಾರಿ, ಕರ್ನಾಟಕ -
583122

Address:

S/O: Khaja Sab, , Tekkalakote, 19th Ward,
Halekote, Bellary, Karnataka - 583122



2123 1634 7333



help@uidai.gov.in

www



ಭಾರತ ಚುನಾವಣಾ ಆಯೋಗ
ಗುರುತಿನ ಚೀಟಿ

**ELECTION COMMISSION OF INDIA
IDENTITY CARD**

UBB2907541



ಮತದಾರರ ಹೆಸರು : ಶೇಕ್ಷಾವಲಿ

Elector's Name : Shekshavali

ತಂದೆಯ ಹೆಸರು : ಖಾಜಾ ಸಾಬ

Father's Name : Khaja Sab

ಲಿಂಗ / Sex : ಪುರುಷ/ Male

ಜನ್ಮದಿನಾಂಕ/Date of Birth : 15/03/1998

ವಿಳಾಸ / Address : **UBB2907541**

#234, 19ನೇ ವಾರ್ಡ್ ದೇವಿನಗರ ತೆಕ್ಕಲಕೋಟೆ,
19ನೇ ವಾರ್ಡ್ ದೇವಿನಗರ ತೆಕ್ಕಲಕೋಟೆ,
ತೆಕ್ಕಲಕೋಟೆ,
ಬಳ್ಳಾರಿ ಜಿಲ್ಲೆ - 583122.

#234, 19TH WARD DEVINAGARA
TEKKALAKOTE,
19TH WARD DEVINAGARA
TEKKALAKOTE,
TEKKALAKOTE,

BELLARY DISTRICT - 583122

92 - ಸಿರುಗುಪ್ಪ ವಿಧಾನ ಸಭಾ ಕ್ಷೇತ್ರದ ಮತದಾರರ
ನೋಂದಣಾಧಿಕಾರಿಯವರ ಅಧಿಕೃತ ಸಹಿ

Facsimile Signature of Electoral Registration
Officer 92 - Siraguppa Assembly Constituency
ವಿಳಾಸ ಬದಲಾವಣೆಯಾಗಿದ್ದಲ್ಲಿ, ಬದಲಾದ ವಿಳಾಸದ ಮತದಾರರ
ಪಟ್ಟಿಯಲ್ಲಿ ನಿಮ್ಮ ಹೆಸರನ್ನು ಸೇರಿಸಲು ಸೂಕ್ತ 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.

158/0601