



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

M A I D A P A T T A N A

Middle Name

Last Name

G O P A L A

B. Name (as per Aadhaar)

M G O P A L A

2. Gender (select one)



Male



Female



Transgender

3. Date of Birth

1

3

1

1

2

0

0

2

4. Aadhaar Number

9

7

3

1

1

7

0

3

0

8

6

5

5. Residence Address

Flat/Door/Building

1 9 T H W A R D

Road/Street/Block/Sector

D E V I N A G A R A C A M P

Post Office

Area/Locality/Town/City

T E K K A L A K O T E , H A L E K O T E , T

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

8

4

5

7

7

2

0

6

3

(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

M A I D A P A T T A N A

Father's Middle Name

Father's Last Name

D E V A D A S U

14. Mother's First Name	
Mother's Middle Name	
Mother's Last Name	S U V A R N 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.	9 1

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

M GOPALA

a. I, M GOPALA, 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. BALLARI

Date. 30/06/2026

M. Gopal.

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

Name: M GOPALA

Designation: AUTHORIZED PERSON



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ
Unique Identification Authority of India
Government of India

ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No.: 1189/29071/51680

To
ಎಮ್.ಗೋಪಾಲ
M.Gopala
S/O: M.Devadasu
19th Ward
Devinagara Camp Tekkalakote
Halekote
Tekkalakota
Siruguppa Bellary
Karnataka 583122
9845772063

17/01/2014
108176918



ML081769184FT



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

9731 1703 0865

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



ಭಾರತ ಸರ್ಕಾರ
Government of India

ಎಮ್.ಗೋಪಾಲ
M.Gopala
ಜನ್ಮ ದಿನಾಂಕ / DOB : 13/11/2002
ಪುರುಷ / Male



9731 1703 0865

30/06



Government of India



ಮಾಹಿತಿ

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

ಸೂಚನೆ: 15 ವರ್ಷಗಳ ವಯಸ್ಸನ್ನು ಹೊಂದಿದ ನಂತರ ಮಕ್ಕಳು ಮತ್ತೊಮ್ಮೆ ತಮ್ಮ ಬಯೋಮೆಟ್ರಿಕ್ ಮಾಹಿತಿಗಳನ್ನು ಅಪ್ಡೇಟ್ ಮಾಡತಕ್ಕದ್ದು .

INFORMATION

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

Note : Children on attaining 15 years of age need to update biometric information.

- 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 .



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

Unique Identification Authority of India

ವಿಳಾಸ:

S/O: ಎಮ್.ದೇವದಾಸು, 19ನೇ ವಾರ್ಡ್,
ದೇವನಗರ ಕ್ಯಾಂಪ್, ತಕ್ಕಲಕೋಟೆ,
ಹಳೇಕೋಟೆ, ತಕ್ಕಲಕೋಟೆ, ಬೆಳ್ಳಾರಿ,
ಕರ್ನಾಟಕ, 583122

Address:

S/O: M.Devadasu, 19th Ward,
Devinagara Camp, Tekkalakote,
Halekote, Tekkalakota, Bellary,
Karnataka, 583122

9731 1703 0865

1847
1800 300 1947

help@uidai.gov.in

www
www.uidai.gov.in



ಭಾರತ ಚುನಾವಣಾ ಆಯೋಗ

ELECTION COMMISSION OF INDIA

ಮತದಾರರ ಭಾವಚಿತ್ರವಿರುವ ಗುರುತಿನ ಚೀಟಿ

Electors Photo Identity Card



UBB3226651



ಹೆಸರು : ಎಂ ಗೋಪಾಲ

Name : M Gopala

ತಂದೆಯ ಹೆಸರು : ಎಂ ದೇವದಾಸು

Father's Name : M Devadasu

ಲಿಂಗ/Gender : ಪುರುಷ / Male

ಜನ್ಮ ದಿನಾಂಕ/ವಯಸ್ಸು : 13-11-2002

Date of Birth/ Age :

ವಿಳಾಸ : 0,19ನೇ ವಾಡು

ಸತ್ಯನಗರ,ತೆಕ್ಕಲಾಕೋಟೆ,ತೆಕ್ಕಲಾಕೋಟೆ,ತೆಕ್ಕಲಾಕೋಟೆ ಲಾಂಚಿ,ಬಳ್ಳಾರಿ ಜಿಲ್ಲೆ,583122

Address : 0,19,Tekkalakote,TEKKALAKOTE,Tekkalakote Post,BELLARY Dist,583122

ದಿನಾಂಕ/ Date : 15-01-2021 ಮತದಾರರ ನೋಂದಣಾಧಿಕಾರಿ

Electoral Registration Officer

ವಿಧಾನ ಸಭಾ ಕ್ಷೇತ್ರದ ಸಂಖ್ಯೆ ಮತ್ತು ಹೆಸರು : 92 ಸಿರಗುಪ್ಪೆ (ಚರಶಿವಪ್ಪ ತಂಗಡ)

Assembly Constituency No. and Name : 92-Siraguppa (ST)

ಭಾಗದ ಸಂಖ್ಯೆ ಮತ್ತು ಹೆಸರು : 179 ಸರ್ಕಾರಿ ಪ್ರಾಥಮಿಕ ಶಾಲೆ, (ಸತ್ಯನಗರ ಕ್ಯಾಂಪ್) ತೆಕ್ಕಲಾಕೋಟೆ.

Part No. and Name : 179-Govt. Primary School (SathyNagar Camp) Tekkalakote

Note 1 : Mere possession of this card is no guarantee that you are elector in the current electoral roll. Please check your name in the current electoral roll before every election.
Note 2 : Date of Birth mentioned in this card shall not be treated as a proof of age/ D.O.B for any purpose other than registration in electoral roll.

ELECTION COMMISSION OF INDIA