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	GANGAMMA
Middle Name	KALGEGOWDANA
Last Name	SHANKAR

B. Name *(as per Aadhaar)*

GANGAMMA K S

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

3. Date of Birth — 31/07/1977

4. Aadhaar Number — 824751888777

5. Residence Address

Flat/Door/Building	105
Road/Street/Block/Sector	BENKALLI, KOTHANALLI, BE
Post Office	BETTADAHALLI SOMWARPET
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 | 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	8277195288
(ii) Email ID	chinthugowda29@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 — SHANKAR

Father's Middle Name — KALGEGOWDANA

Father's Last Name — BASAPPA

14.	**Mother's First Name**	
	Mother's Middle Name	
	Mother's Last Name	S E E T H 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, GANGAMMA K S, 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. KODAGU

Date. 03/07/2026

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

Name: GANGAMMA K S

Designation: AUTHORIZED PERSON

भारत सरकार

आधार

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ

Unique Identification Authority of India

Government of India

ನೋಂದಾವಣಿ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No 1067/93127/05445

07/01/2015

To,
ಗಂಗಮ್ಮ ಕೆ ಎಸ್
Gangamma K S
W/O: Shankar K B
105
benkalli
kothanalli
Bettadalli
Bettadahalli Somwarpet Kodagu
Karnataka 571236
8277195288

Ref: 1959 / 14Z / 490562 / 491046 / P

SE397116577FT

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

8247 5188 8777

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ

Government of India

ಗಂಗಮ್ಮ ಕೆ ಎಸ್
Gangamma K S
ಜನ್ಮ ದಿನಾಂಕ / DOB : 31/07/1977
ಸ್ತ್ರೀ / Female

8247 5188 8777

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ

ಭಾರತ ಚುನಾವಣಾ ಆಯೋಗ

ELECTION COMMISSION OF INDIA

UTZ2004034

UTZ2004034

ಹೆಸರು: ಗಂಗಮ್ಮ ಕೆ ಎಸ್

Name: Gangamma K S

ಗಂಡನ ಹೆಸರು: ಶಂಕರ್ ಎಸ್ ಪಿ

Husband's Name: Shankar S P

ಲಿಂಗ / Gender: ಹೆಣ್ಣು / Female

ಜನ್ಮ ದಿನಾಂಕ / ವಯಸ್ಸು:

Date of Birth / Age: 31-07-1977

e-Electors Photo Identity Card - ಇ-ಮತದಾರ ಭಾವಚಿತ್ರವಿರುವ ಗುರುತಿನ ಚೀಟಿ

ವಿಳಾಸ: 105, ಕೊತ್ತನಹಳ್ಳಿ, ಕೊತ್ತನಳ್ಳಿ, ಸೋಮವಾರಪೇಟೆ, ಜಿಲ್ಲೆ-ಕೊಡಗು, ಕರ್ನಾಟಕ - 571236

Address: 105, KOTHTHANAHALLI, KOTHANALLI, SOMWARPET, District-KODAGU, KARNATAKA - 571236

ಮತದಾರರ ನೋಂದಣಾಧಿಕಾರಿ, 208 - ಮಡಿಕೇರಿ

Electoral Registration Officer, 208 - Madikeri

Download Date -: 03-07-2026

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1800-4255-1950 https://ceo.karnataka.gov.in/en