

**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 A N G A M M A

B. Name (as per Aadhaar)

S A N G A M M A

2. Gender (select one)☐ Tick

Male

☒ Tick

Female

☐ Tick

Transgender

3. Date of Birth

0

1

0

1

1

9

8

1

4. Aadhaar Number

8

6

1

9

2

6

0

5

1

3

2

0

5. Residence Address

Flat/Door/Building

0

0

Road/Street/Block/Sector

N

A

D

K

O

O

R

Post Office

P

A

R

A

S

A

N

A

H

A

L

L

I

Area/Locality/Town/City

S

H

O

R

A

P

U

R

District

Y

A

D

G

I

R

I

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

8

5

2

1

6

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)☒ Tick

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

9

1

Mobile Number

9

9

0

0

9

5

7

4

5

6

(ii) Email ID

utireddy@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

☒ Tick

Income from Other Sources

☐ Tick

No Income

PART C - Details of Parents**12. Whether mother/father is a single parent? (select one)**☐ Tick

Yes

☒ Tick

No

13. Father's First Name

P

I

L

L

A

P

P

A

Father's Middle Name

Father's Last Name

G

O

U

D

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.	5	

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

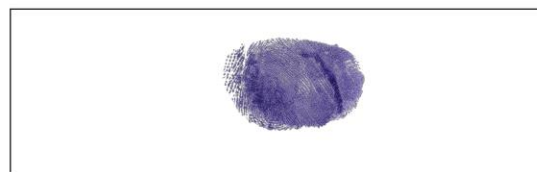
☐ (i) Proof of Identity ☐ (ii) Proof of Address

SANGAMMA **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: YADGIRI

Date..04/07/2026



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

Name: SANGAMMA

Designation: **AUTHORIZED PERSON**



ಭಾರತ ಸರ್ಕಾರ
Government of India



ಸಂಗಮ್ಮ
Sangamma
ಜನ್ಮ ದಿನಾಂಕ / DOB : 01/01/1981
ಸ್ತ್ರೀ / Female



8619 2605 1320

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



ಭಾರತೀಯ ಏಕೀಕೃತ ಗುರುತುಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ವಿಳಾಸ:
D/O: ಪಿಲ್ಲಪ್ಪ ಗೌಡ, ನಡಕೂರ,
ಪಾರಸನಹಳ್ಳಿ, ಯಾದಗಿರಿ, ಶರಪುರ,
ಕರ್ನಾಟಕ, 585216

Address:
D/O: Pillappa Gouda, Nadkoor,
Parasanahalli, Yadgir, Shorapur,
Karnataka, 585216

8619 2605 1320



1947
1800 300 1947



help@uidai.gov.in



www.uidai.gov.in

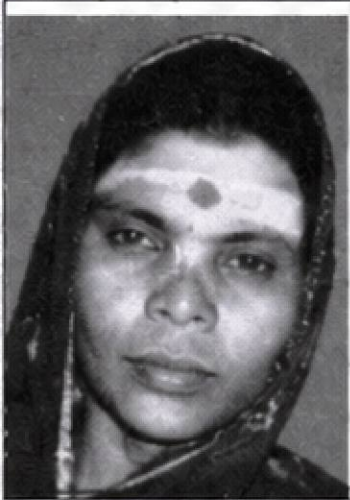


ಭಾರತ ಚುನಾವಣಾ ಆಯೋಗ
ELECTION COMMISSION OF INDIA

ಭಾರತೀಯರುತ್ಪದಾರಣ ಸೂಚಕ ಚೀಟಿ - Elector Photo Identity Card



YSG4113411



ಹೆಸರು: ಸಂಗಮ್ಮ

Name: Sangamma

ತಂದೆಯ ಹೆಸರು: ವಿಲ್ಲಪ್ಪ ಗೌಡ

Father's Name: Pillappa Goud

ಲಿಂಗ / Gender: ಹೆಣ್ಣು / Female

ಜನ್ಮ ದಿನಾಂಕ / ನೆಹೇಮ್

Date of Birth / Age: 01/01/1981



ಚುನಾವಣಾ ಸೂಚಕ ಚೀಟಿ

