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	DEVARAJA
Middle Name	
Last Name	GOUDA

B. Name *(as per Aadhaar)*

DEVARAJA GOUDA

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

3. Date of Birth 01 01 1960

4. Aadhaar Number 969664995021

5. Residence Address

Flat/Door/Building	94
Road/Street/Block/Sector	NEAR BASAVANNA TEMPLE
Post Office	HERKAL
Area/Locality/Town/City	HERAKALLU
District	BALLARI
State/Union Territory	KARNATAKA
Country/Region	INDIA
PIN / ZIP CODE	583122

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	91	Mobile Number	9731524500
(ii) Email ID	manuforever.honey143@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	TOILER
Father's Middle Name	
Father's Last Name	MUKANAGOUDA

14.	**Mother's First Name**	
	Mother's Middle Name	
	Mother's Last Name	N E E L 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: C
(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 ☐ 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

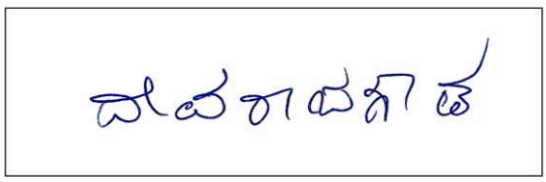
Verification & Declaration

a. I, DEVARAJA GOUDA, 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. 06/07/2026



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

Name: DEVARAJA GOUDA

Designation: AUTHORIZED PERSON

सत्यमेव जयते
भारत सरकार

आधार

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 0000/00793/54529

To
ದೇವರಾಜ ಗೌಡ
Devaraja Gouda
S/O T Mukana Gouda,
94,
Near Basavanna Temple,
Herakallu,
Ward No 01,
VTC: Herakal,
PO: Herkal,
District: Ballari,
State: Karnataka,
PIN Code: 583122
Mobile: 9731524500

Signature valid
Digitally signed by UIDAI Unique Identification Authority of India
06
Date: 2026.07.06 10:14:22 IST

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :
9696 6499 5021
VID : 9158 4292 2492 7674

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ಭಾರತ ಸರ್ಕಾರ
Government of India

Aadhaar no. issued: 16/11/2013

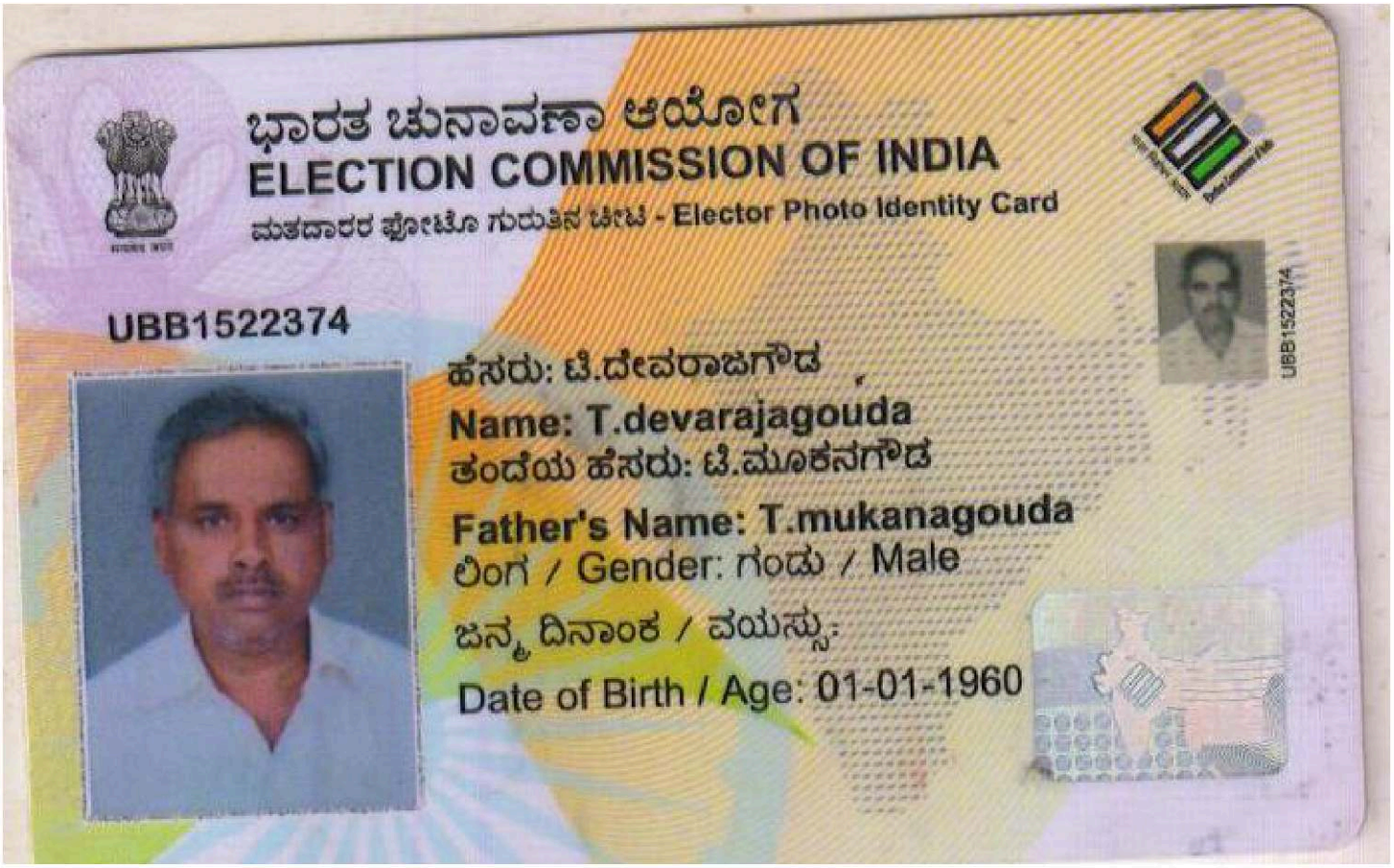
ದೇವರಾಜ ಗೌಡ
Devaraja Gouda
ಜನ್ಮ ದಿನಾಂಕ/DOB: 01/01/1960
ಪುರುಷ/ MALE

ಆಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯಾಗಿದೆ, ಪೌರತ್ವ ಅಥವಾ ಜನ್ಮ ದಿನಾಂಕದ ಪುರಾವೆ ಅಲ್ಲ. ಇದನ್ನು ಆನ್‌ಲೈನ್ ದೃಢೀಕರಣ ಅಥವಾ QR ಕೋಡ್ / ಆಫ್‌ಲೈನ್ XML ಸ್ಕ್ಯಾನಿಂಗ್‌ನೊಂದಿಗೆ ಮಾತ್ರ ಬಳಸಬೇಕು.
Aadhaar is proof of identity, not of citizenship or date of birth. It should be used only with verification (online authentication or scanning of QR code / offline XML)

9696 6499 5021

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

Details as on: 06/07/2026


ಭಾರತ ಚುನಾವಣಾ ಆಯೋಗ
ELECTION COMMISSION OF INDIA
ಮತದಾರರ ಫೋಟೊ ಗುರುತಿನ ಚೀಟಿ - Elector Photo Identity Card
UBB1522374
UBB1522374
ಹೆಸರು: ಟಿ.ದೇವರಾಜಗೌಡ
Name: T.devarajagouda
ತಂದೆಯ ಹೆಸರು: ಟಿ.ಮೂಕನಗೌಡ
Father's Name: T.mukanagouda
ಲಿಂಗ / Gender: ಗಂಡು / Male
ಜನ್ಮ ದಿನಾಂಕ / ವಯಸ್ಸು:
Date of Birth / Age: 01-01-1960