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	LINGAYYA

B. Name *(as per Aadhaar)*

	LINGAYYA

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

3. Date of Birth 15 06 1999

4. Aadhaar Number 360527367240

5. Residence Address

Flat/Door/Building	11
Road/Street/Block/Sector	REVANASIDDESHWARA GUDI H
Post Office	KEMBHAVI
Area/Locality/Town/City	KEMBHAVI TQ SHORAPUR
District	YADGIR
State/Union Territory	KARNATAKA
Country/Region	INDIA
PIN / ZIP CODE	585216

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	9108384610
(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)*

☐ 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	
Father's Middle Name	
Father's Last Name	SHARANYYASWAMI

14. **Mother's First Name**	
Mother's Middle Name	
Mother's Last Name	N A G 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: 4 2 1 | (iv) AO No.: 5

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

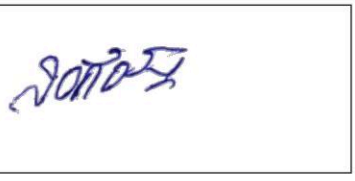
Verification & Declaration

a. I, LINGAYYA, 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. YADGIR

Date. 07/07/2026



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

Name: LINGAYYA

Designation: AUTHORIZED PERSON

भारत सरकार

आधार

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 0821/90252/00300

To
ಲಿಂಗಯ್ಯ
Lingayya
S/O: Sharanayyaswami,
11,
revanasiddeshwra gudi hattira,
VTC: Kembhavi,
PO: Kembhavi,
Sub District: Shorapur,
District: Yadgir,
State: Karnataka,
PIN Code: 585216,
Mobile: 9108384610

Signature valid

Digitally signed by Unique Identification Authority of India
Date: 2020.[illegible] 16:22:19 IST

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :
3605 2736 7240
VID : 9124 5422 6270 2938

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ಭಾರತ ಸರ್ಕಾರ
Government of India

Aadhaar no. Issued: 28/08/2017

ಲಿಂಗಯ್ಯ
Lingayya
ಜನ್ಮ ದಿನಾಂಕ/DOB: 15/06/1999
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)

3605 2736 7240

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

DL No. : KA3320210004520 DOI : 10-08-2021 FORM - 7

NAME : LINGAYYA [See Rule 16(2)]

D.O.B : 15-06-1999 B.G : N/A

VALID TILL : 14-06-2039 (NT) 16-01-2029 (TR)

VALID THROUGHOUT INDIA BADGE NO

COV : MCWG 10-08-2021 5311124B

: LMV 10-08-2021

: TRANS 17-01-2024

CDOI: 10-08-2021

C/o : SHARANAYYA

ADDRESS : 1 NEAR REVANSIDDESHWAR TEMPLE, KEMBHAVI, SHORAPUR, YADGIR, KA, 585216

Sign. of Holder

Sign. Licencing Authority
RTO,KR PURAM