



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

C H A N D A N A

B. Name (as per Aadhaar)

C H A N D A N A

2. Gender (select one)

☐

Male

☒

Female

☐

Transgender

3. Date of Birth

1 0

1 1

2 0 0 2

4. Aadhaar Number

9 6 4 5 2 2 5 3 2 8 2 2

5. Residence Address

Flat/Door/Building

C / O N A R A Y A N A

Road/Street/Block/Sector

B G P U R E H O B L I

Post Office

5 7 1 4 6 3

Area/Locality/Town/City

K A L Y A N I K O P P A L U V I L L A G E ,

District

M A N D Y A

State/Union Territory

KARNATAKA

Country/Region

I N D I A

PIN / ZIP CODE

5 7 1 4 6 3

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

8 6 1 8 1 3 6 0 4 2

(ii) Email ID

waytovasantha@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

N A R A Y A N A

14. Mother's First Name	
Mother's Middle Name	
Mother's Last Name	S A V I T H 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	3 2 1	(iv) AO No.	9 3

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

CHANDANA

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. MANDYA

Date. 11/07/2026

230005

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

Name: CHANDANA

Designation: AUTHORIZED PERSON



UIDAI 2008
Government of India



Issue Date: 08/12/2010



ಹೆಸರು
Chandana
ಜನ್ಮ ದಿನಾಂಕ / DOB: 10/11/2002
ಲಿಂಗ / Gender

9645 2253 2822

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತೀಯ ಏಕೀಕೃತ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India



Print Date: 14/09/2022

ವಿಳಾಸ: ಶಿವರಾಜ್ ರಾಜೇಶ್ ಕೆ ಎಸ್, ಕಲ್ಯಾಣಿಕೊಪ್ಪಳ ಗ್ರಾಮ, ಬಿ ಪಿ
ಪುರ ಪೊಲೀಸ್ ಠಾಣೆ, ಮಳವಳ್ಳಿ ತಾಲ್ಲೂಕು, ಮಂಡ್ಯ ಜಿಲ್ಲೆ, ಕರ್ನಾಟಕ,
571463

Address: C/O: Rajesh K S, Kalyanikoppalu
Village, B G Pura Hobli, Malavalli Taluk,
Doddabcoovalli, Mandya, Karnataka, 571463



9645 2253 2822



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help@uidai.gov.in



www.uidai.gov.in



ಭಾರತ ಚುನಾವಣಾ ಆಯೋಗ
ELECTION COMMISSION OF INDIA
ಪಾಲಕರ ಪ್ರಾಚೀನ ಗುರುತಿನ ಕಾರ್ಡ್ - Elector Photo Identity Card

SZP5878038



ಹೆಸರು : ಚಂದನ

Name : CHANDANA

ಗಂಡನ ಹೆಸರು : ರಾಜೇಶ್ ಕೆ ಎಸ್

Husband's Name : RAJESH K S

ಲಿಂಗ / Gender : ಮಹಿಳೆ / Female

ಜನ್ಮ ದಿನಾಂಕ / ವಯಸ್ಸು :

Date of Birth / Age : 10-11-2002



SZP5878038

ವಿಳಾಸ : 145, ಕಲ್ಯಾಣಿಕೊಪ್ಪಲು, ಕಲ್ಯಾಣಿಕೊಪ್ಪಲು, ದೊಡ್ಡಬೊವಳ್ಳಿ,
ಮಂಡ್ಯ, ಕರ್ನಾಟಕ 571463

Address : 145, KALYANIKOPPALU, KALYANIKOPPALU,
DODDABOVALI, MANDYA, KARNATAKA-571463

ಮತದಾರರ ನೋಂದಣಾಧಿಕಾರಿ : 186 ಮಳವಳ್ಳಿ (ಪರಿಶಿಷ್ಟ ಜಾತಿ)

Electoral Registration Officer, 186 Malavalli (SC)

Issue Date : 05-04-2023

ಮಹಿಳೆಯರ ಹಕ್ಕು :

ಎಲ್ಲಾ ಚುನಾವಣಾ ಕಾರ್ಡ್‌ಗಳಲ್ಲಿಯೂ, ಪ್ರಸ್ತುತ ಚುನಾವಣಾ ಕಾರ್ಡ್‌ನಲ್ಲಿಯೂ ನಿಮ್ಮ ಹೆಸರು ಇರಬೇಕು ಎಂದು
ಪರಿಶೀಲಿಸಿ.

1) Before every election, please check that your name exists in current electoral
roll.

2) ಈ ಚುನಾವಣಾ ಕಾರ್ಡ್‌ನಲ್ಲಿ ನಿಮ್ಮ ಹೆಸರು ಇರಬೇಕು ಎಂದು ಪರಿಶೀಲಿಸಿ.

2) This card is not a proof of age except for the purpose of election.

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